

The International Partnership Against AIDS in Africa
Update

November 2000

UNAIDS

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Introduction

This is a document updating the International Partnership against AIDS in Africa (IPAA) Progress Report of May 2000. It outlines the major recent achievements of all the actors of the Partnership - African Governments, the United Nations, Donors, the Private Sector and the Community Sector.

These five actors, also known as Partners or constituencies, were first brought together by the Secretary-General of the United Nations in order to develop a strategy to implement larger-scale, sustained and effective multisectoral national responses to the HIV/AIDS epidemic in sub-Saharan Africa.

Under the leadership of African governments, all Partners have contributed to a document, the *Framework for Action*, which outlines the major actions of the IPAA. This document and its principles has subsequently been accepted and agreed upon by all actors. They seek to act in synergy so that Partners are able to work together more effectively to curtail the spread of HIV, sharply reduce its impact on human suffering, and halt the further reversal of human, social and economic development in Africa.

The IPAA recognises the epidemic as not simply a health issue, but one that is also of vital importance across a spectrum of issues, including development, security, food production and life expectancy. With the epidemic being a major threat to society, the IPAA contends that AIDS must be incorporated into a wide range of issues such as national sovereignty, respect for the diversity of cultures, and maintenance of respect for human rights and equal access to treatment.

During the past year much progress has been made in the areas of political and financial mobilization and in the development of National Strategic Plans, and countries are now increasingly focusing on the implementation of programmes.

This document is in two parts:

- The first part outlines the major recent developments among all actors in the IPAA.
- The second part includes an extensive list of recent Partnership actions in African countries (Annex 1); and of the activities other Partners - Cosponsors, Donors, the Private Sector and the Community Sector (Annex 2).

It also illustrates the extensive activities of the IPAA in the areas of AIDS and human security, strengthening national capacity, improving communication, and further enhancing the collaboration among partners.

For more information on the actions of the IPAA to date, and for the outline of the Partnership itself, readers are referred to the International Partnership against AIDS in Africa (IPAA) Progress Report of May 2000, and to the *Framework for Action*.

Achievements

I Mobilizing political commitment and action

I.1 African ownership

The IPAA has mobilized unprecedented leadership and commitment of African leaders and organisations to intensify the response against HIV/AIDS. The OAU Heads of State expressed their support to the IPAA (Algiers, July 1999), signed an official Co-operation Agreement with UNAIDS and committed themselves to take personal responsibility and provide leadership for the activities of the National AIDS bodies (Lomé, July 2000). Africa's finance and planning ministers endorsed the IPAA at the annual meeting of the Economic Commission for Africa (ECA) in Addis Ababa in May 1999. The ECA also decided to focus on HIV/AIDS as the highest challenge to development during the African Development forum in December 2000.

Many leaders are demonstrating increased commitment and action, and are breaking the silence that had previously surrounded HIV/AIDS in their countries:

- The Presidents of Malawi, Botswana, Nigeria, Kenya, Mozambique, Ethiopia, Zambia, Zimbabwe, Ghana and others have declared HIV/AIDS a major concern and have established high-powered commissions.

Former South African President Nelson Mandela, speaking at the 13th International conference in Durban (July 2000), closed the proceedings with an impassioned speech, calling on those present to address the needs and concerns of those suffering and dying. He added that this can only be done in partnership and called all partners to move from rhetoric to action at an unprecedented intensity and scale.

The IPAA has also been endorsed by many African sub-regional institutions. SADC, for example, has developed a multisectoral HIV/AIDS Strategic framework and Programme of Action, which will partly be funded by the EU. HIV/AIDS was also one of the key issues discussed at the SADC Heads of State Summit in August 2000.

At the Regional Meeting on "sociocultural and political dimensions of the HIV/AIDS epidemic in Africa" held at Cotonou, Benin in October 2000, members of emerging civil society in Africa, intellectuals, religious, traditional and community leaders, artists and sporting personalities acknowledged the contribution the IPAA made in mobilization at an international level.

I.2 Focus on AIDS and human security

In January 2000, the UN Security Council held a special session on AIDS in Africa. This was the first time the Security Council had deliberated on a development or health issue; it underlined the stark, inextricable links between the preservation of human security in Africa and control of the HIV/AIDS epidemic.

As a follow up to this session, efforts to disseminate information on HIV/AIDS in Africa within the United Nations have been intensified. A key example is the Country Response Monitoring Project which will enable easy access to the latest information on the epidemic in certain countries through the World Wide Web.

The Interagency Standing Committee endorsed a comprehensive action plan last May, which fully integrates HIV/AIDS into humanitarian action. The implementation of this plan will be spearheaded by the Humanitarian Coordination Unit established by the UNAIDS Secretariat in June. Already a number of countries have been identified for the first phase of this effort and a “master” plan for moving forward in each one being developed.

On July 17, AIDS was at the centre of the Security Council’s deliberations for the second time this year. A resolution on HIV/AIDS was adopted, which aims to intensify the fight against AIDS and calls on countries to design and implement long-term strategies to roll back the epidemic. It also targets armed forces and peacekeepers for education, training and prevention efforts, and urges voluntary and confidential HIV/AIDS counseling and testing for all national uniformed forces, especially troops deployed internationally. Discussions are now underway with the UN Department of Peacekeeping Operations on responsible behaviour and protection of peacekeeping troops and humanitarian staff, including training before and during deployment, and the development of a UN medical policy on HIV/AIDS for peacekeeping mission staff.

The Humanitarian Segment of the ECOSOC adopted a statement in July 2000 which emphasized that HIV/AIDS spreads fastest where poverty, powerlessness and social instability abound, referring to displaced persons and refugees at high risk.

The UN General Assembly has just adopted a second resolution on HIV/AIDS which calls for a Special Session of the General Assembly on HIV/AIDS to be convened on 25-27 June 2001.

1.3 Agreement of five constituencies to plan unprecedented response: Framework approved

In December 1999 the UN Secretary-General assembled representatives from the five groups, who have subsequently become the Partners of the IPAA, and called on them to respond on a scale commensurate with the challenge.

Following the SG meeting, more consultations have been done with each of the constituencies to further develop the Partnership. The most important output of these consultations was the *Framework for Action*, which sets out a strategy for working together to address the AIDS epidemic. It has gone through a broad consultation process that ensured optimal participation and ownership by all the groups. The Framework is a living document that defines a common vision, outputs, milestones and roles and responsibilities of all partners. Each country will develop specific goals, milestones and indicators. The Framework is seen as the foundation for strengthening – and monitoring – the IPAA, and it will be revisited every year.

The UNAIDS Programme Coordinating Board (PCB) endorsed the *Framework for Action* at its annual meeting in Geneva from 25–26 May 2000. After an extensive discussion on the Framework, the PCB called on the constituencies of the Partnership to vigorously implement the activities in the document, adding that the impact of the Partnership must be felt in countries through its support to country-led intensified actions on HIV/AIDS.

The Heads of State Summit of the OAU held in Lomé on July 10 - 12 adopted the Ouagadougou Declaration by the OAU Ministers of Health on HIV/AIDS, which included the *Framework for Action* of the IPAA. The Heads of State committed themselves and pledged to take all necessary measures to facilitate the implementation of the IPAA and to allocate resources within the framework of their national budgets to HIV/AIDS activities.

1.4 Political Commitment of Other Partners

□ *Cosponsors*

Many Cosponsors have identified HIV/AIDS as a top priority in sub-Saharan Africa and have started to expand and reorient their programmes substantially throughout the region. At the IPAA Satellite meeting during the 13th International AIDS conference in Durban, WHO and UNAIDS shared with partners how they are coordinating strategies to support countries in the area of greater access to drugs. UNICEF has adopted advocacy to break the conspiracy of silence as one of its priority programme areas. UNFPA is leading the Joint Advocacy Initiative within the IPAA, working with partners to develop a framework of advocacy strategies to be implemented at the country level as prototypes that can be adapted to country situations in sub-Saharan Africa. Two teams of consultants have begun visits to six countries in Africa (Burkina Faso, Côte d'Ivoire, Ethiopia, Ghana, Malawi and Tanzania) to undertake situation analysis and develop projects for joint advocacy against HIV/AIDS.

□ *Donors*

Donors are contributing with greater urgency to the IPAA, sensitising their staff to the fight against HIV/AIDS, and increasing technical and financial support in Africa. A significant event for the IPAA was the Kyushu-Okinawa Summit Meeting 2000 of the G8 Group of wealthy countries at the end of July 2000. They committed to working in strengthened partnership with all constituencies to deliver on the ICPD+5 target on AIDS, which is to reduce the number of HIV/AIDS infected young people by 25% by 2010. The G8 convened a conference in Japan to define the operations of this partnership, the areas of priority and the timetable for action; the G8 will also work with the UN to organize a conference in 2001 focusing on strategies to facilitate access to AIDS treatment and care.

❑ *Community sector*

Efforts have been made by regional networks such as AfriCASO, NAP+, SWAA¹ to intensify collaboration with Partners. At country level, community organisations are increasingly participating in the national strategic planning process, a prerequisite for a successful implementation.

The roles of global NGOs, who are increasingly expressing their commitment in practical terms, are also incorporated within this process. One example of actions by NGOs is the Red Cross. In September 2000 the 5th Pan-African Red Cross and Red Crescent Conference involving 52 National Societies was held in Ouagadougou. The major theme in this conference was HIV/AIDS. The National Societies of the 52 countries unanimously passed a declaration strongly expressing their determination to scale up interventions against AIDS.

❑ *Private sector*

The private sector is increasingly involved in the response against HIV/AIDS, both at global level and in countries. Progress has been made in the field of broadening corporate responses, workplace policies and programmes, and corporate social responsibility. OATUU, the Organisation of African Trade Unions, in collaboration with UNAIDS and ILO, gathered African Trade Union leaders in July 2000 to seek strategies on how they could help reduce the spread of the disease, how the fundamental and trade unions rights of the HIV/AIDS victims can be protected and what roles the trade unions, employers, and governments can play in the battle against AIDS.

II Mobilizing financial resources

II.1 The growing commitment of African governments is resulting in a re-alignment of funding priorities at national level, and they are increasing their financial allocations for HIV/AIDS programmes. Many governments are organising Roundtables to mobilize funds for intensified action against AIDS. (*see Intensified Actions in Countries VI.2, and Annex 1*)

II.2 Cosponsors are also reorienting and reallocating existing resources and expanding their contribution to country programmes (*see Annex 2 for further details*).

- ❑ WHO: (an additional \$1.5 million has been allocated to HIV/AIDS within the WHO regular budget at regional level); Technical capacity at country level is being strengthened through the recruitment of National Programme Officers for HIV/AIDS within selected WHO country offices.
- ❑ UNICEF: a resource mobilization strategy for Eastern and Southern Africa has been developed at an estimated US\$250 million for the next five years. Additional programme staff and regional advisers focusing on HIV/AIDS have been recruited for Africa.

¹ AfriCASO: African Council of AIDS Service Organization; NAP+: Network of people living with HIV/AIDS; SWAA: Society of women with AIDS in Africa

- ❑ **WORLD BANK:** A US \$500 million multi-country HIV/AIDS programme for Africa region was approved by the Board of Directors. The objective of this programme is to increase access to HIV/AIDS prevention and care and treatment through multi-sectoral responses. In total, some 12 projects are expected to be fully negotiated by the end of June 2001.
- ❑ **UNDP:** UNDP is contributing US\$1 million to help government create and strengthen community-based groups. It is providing technical assistance in preparing for resource mobilization Roundtables e.g. in Malawi. It is also providing technical assistance to local authorities through the Alliance of Mayors against HIV/AIDS.
- ❑ **UNFPA:** UNFPA has started to strengthen its country support technical staff on HIV/AIDS and has projects for use funded by the Bill and Melinda Gates Foundation.
- ❑ **UNESCO:** UNESCO is providing technical assistance to conduct studies on the impact of HIV/AIDS in the education sector. It is also providing technical assistance to the training of journalists in the field of HIV/AIDS, as well as to strengthen the capacity of international network of research centres.
- ❑ **UNDCP:** The most recent additional Cosponsor of UNAIDS is specifically involved in areas where drug use is seen to contribute to the spread of HIV/AIDS.

II.3 All the major bilateral donors (Belgium, Canada, Finland, France, Ireland, Italy, Japan, Netherlands, Norway, Sweden, United Kingdom, United States) are significantly increasing their financial and technical resources. These are being used for the implementation of the National Strategic Plans on HIV/AIDS, the District Response Initiatives, scaling up of programmes, and support to the national coordination body. (*see Annex 2 for further details*)

The European Union also revealed that it would launch a major new initiative for HIV/AIDS, malaria, and tuberculosis.

II.4 Private corporations such as Chevron Oil in Nigeria, Eskom in South Africa, and Rio Tinto in Zimbabwe are playing an increasingly important role, both in improving the prevention and care services offered to employees and in funding local initiatives. Other private sector actors, notably foundations, are also weighing in to strengthen national and local efforts in Africa. Substantial grants have been made by the United Nations Foundation, and the Bill and Melinda Gates Foundation, among others. (*see Annex 2 for further details*)

Five pharmaceutical companies and United Nations organizations have begun a dialogue to explore ways to accelerate and improve the provision of HIV/AIDS-related care and treatment in developing countries.

II.5 The UNAIDS Secretariat is working closely with the World Bank, UNDP and UNICEF to maximize benefits for HIV/AIDS programmes in debt relief accords. UNAIDS is assisting African countries to place AIDS policies within such documents as the Poverty Reduction Strategy Papers (PRSP), as well as including their NSPs into the medium-term public expenditure frameworks (MTEPs). Several countries (Uganda,

Tanzania, Malawi, Mozambique, Burkina Faso, Nigeria, Mauritania and Zambia) are presently involved in the Debt-for-AIDS activity that is at various stages of negotiation, and still others have expressed interest in the activity. (*For further details see Section VI: Intensified Action in Countries; also Annex 2.*)

II.6 The UNAIDS Secretariat is currently in the process of reorganising its structure in order to devote more attention to supporting the international effort to intensify action against HIV/AIDS in Africa.

III Strengthening national capacity

III.1 Steps have been taken on a number of levels to improve technical co-operation in Africa. Emphasis is being placed on strengthening the managerial capacity in-country, while at the same time ensuring better coordination of external support and advice. Task teams and working groups, including the key actors in a given technical area, have been formed to harmonise policies, improve information systems (SAFCO, SAFAID) and to reinforce the capacity of African institutions to provide training and advisory services. Resource networks around specific themes (e.g. migration, young people, etc.) have been strengthened through subregional meetings that were held in Maputo, Nairobi and Abidjan.

III.2 Efforts are also underway to strengthen global and regional support. The World Bank now has in place a six-person AIDS Campaign Team (ACT-Africa), and several Cosponsors (e.g. UNICEF, UNDP, WHO and UNFPA) have added regional technical posts or reconfigured existing structures to link them more closely with broader co-operation efforts. Bilateral Donors are also enhancing their technical support.

III.3 The UNAIDS Secretariat has developed a directory of technical expertise, covering persons and institutions working on AIDS in Africa, and is now finalising a common database for the use of all partners. Tools for prioritisation and costing were developed, and a regional training workshop was held in Malawi on 13-15 November.

III.4 In November 2000, Japan organised a meeting jointly with UNAIDS on south-south cooperation in the response to HIV/AIDS in Africa.

IV Improving communication

IV.1 Considerable progress has been made to assure the flow of current information to all five constituencies of the IPAA, including:

- ❑ The development of a *communication strategy* that is being implemented to enhance information dissemination and collection of feedback amongst the countries, and with other constituencies of the Partnership;
- ❑ A regular electronic information *bulletin* on key activities of the African governments, UN agencies, Donors, the private sector and the community sector is now sent out.
- ❑ A *website* with several types of background information and activities of countries on the international response has been established within the UNAIDS website;
- ❑ A wide distribution of all major documents of the activities and decisions on the international response.

IV.2 A Satellite meeting on the IPAA was organised in the margin of the XIII International AIDS Conference in Durban, bringing together participants from all constituency groups at global, subregional and country level, to share their experiences of

the IPAA at country level. The IPAA was seen as the correct direction for effective action on HIV/AIDS. It has strengthened leadership and commitment at various levels in countries that have adopted the *Framework for Action* which has, in turn, led to greater resource mobilization and an active participation of a wider range of partners at national and district levels.

V Enhancing collaboration among partners

The UNAIDS Secretariat and the five IPAA constituencies have developed various mechanisms to ensure effective collaboration, and to avoid duplications.

V.1 At the international level, the partners identified focal points for each constituency. This facilitates the exchange of action plans and activity reports among partners. Coordination meetings such as that held with the CDC LIFE Initiative team and with bilateral delegations (e.g. DFID, GTZ, The Netherlands, Norway, US, Sweden, CIDA, Belgium) have been held in order to ensure the smooth flow of information and experiences with partners. The UNAIDS Secretariat is developing a framework for monitoring and evaluation for the IPAA which will be discussed by the Stakeholders.

V.2 At country level, the Theme Group and the CPA are facilitating support to partners to coordinate their activities such as the preparation of joint country visits, development of programmes, and follow up. Partners (WHO, WB, UNICEF as well as the community sector) are also increasingly involved in joint programme evaluation and planning.

VI Intensified action at country level

VI.1 At country level, members of the Partnership undertake to work under the leadership of national governments within a common, strategic framework. To be effective, this framework must identify core strategic and programmatic areas for intervention, and the role of different actors. The added value of the IPAA lies in the quality, quantity and speed with which countries can develop their programmes.

VI.2 The IPAA has been instrumental in helping countries intensify their national response in the following areas:

- ❑ **National Strategic Planning:** Formulating the National Strategic Plan in Ghana and Burkina Faso, and revising costing and priorities of completed plans (Ethiopia, Malawi, Zambia and Mozambique). This has resulted in the formation of wider and more effective partnerships and has encouraged increased internal and external mobilization of financial and human resources. The added value of the Partnership was the quality of the NSP with clear prioritisation and costing with the operational plan.
- ❑ **Establishment and empowerment of the national coordinating body:** In responding to the requests of governments technical expertise has been provided to build the capacity of National AIDS Councils and their Secretariats. (e.g. Mozambique, Nigeria, Botswana, Zambia, Uganda, Ethiopia and Tanzania).

- ❑ **Decentralization of the response:** Through the District Response Initiative based on a broader community mobilization and participation the Partnership has supported countries to strengthen the capacity of communities to respond to the epidemic. It also creates linkages between health care providers and communities. Ghana, Tanzania, Burkina Faso, Malawi, Mali, Uganda, Zambia and Zimbabwe are receiving technical and financial support to scale up District Responses. Through implementation of community responses the organisational capacity of national CBOs and NGOs is also being strengthened. More Partners are now expressing their interest in contributing to increasing capacity at community level.
- ❑ **Financial resource mobilization:** As a result of high level political commitment many more countries are allocating significant financial resources to HIV/AIDS to programs within their countries (e.g. Nigeria, Botswana, Cote d'Ivoire, Mozambique, Ethiopia, Ghana, South Africa, Tanzania, Zimbabwe).
 - Countries, with the support of development partners, have organised Roundtables for resource mobilization for the implementation of National Strategic Plans (e.g. Malawi, Mozambique and Zambia);
 - The added value of the Partnership in this process is that government and Partners have worked together in costing and in identifying potential national actors and Donors. With the collaboration with the Expanded Theme Group on HIV/AIDS the government is working on the development of follow-up action. The experiences and lessons learned in Roundtables have been documented and are being disseminated to assist other countries in preparing their own Roundtables;
 - One area of special focus in "mainstreaming AIDS" has been to incorporate HIV/AIDS in country level Poverty Reduction Strategy Papers (PRSP) and in negotiations to alleviate foreign debt under the Highly Indebted Poor Country (HIPC) initiative. Over the past 12 months, more than a dozen countries (Benin, Burkina Faso, Cameroon, Guinea, Kenya, Malawi, Mali, Mauritania, Mozambique, Niger, Rwanda, Tanzania, Uganda, Zambia) in Africa have highlighted HIV/AIDS in their PRSPs as an important factor in worsening national and household poverty. Many of these countries have inserted the main lines of action from their national AIDS plans in their national poverty reduction strategies, and have set HIV/AIDS targets within their national poverty monitoring indicators;
 - In addition, a number of these countries have for the first time set aside funds from their own national budgets, as part of the HIPC debt relief process, to finance part of the national AIDS response. Burkina Faso, Cameroon, Malawi, Mali, Mozambique, Tanzania, and Uganda are each allocating \$2-5 million of national resources liberated through debt relief to the fight against AIDS each year. Also as part of the debt relief process these countries are committing themselves to implementing concrete actions in AIDS prevention, care, and support that can be monitored with civil society and international partners over the next 12 to 24 months;

- Developing appropriate *resource transfer mechanisms* to channel funds to communities is a major area of attention of Partners. One of the examples is the Multi-country HIV/AIDS Programme of the World Bank (MAP) which was prepared in collaboration with international partners e.g. Kenya, Burkina Faso and Ethiopia;
- Social Funds represent another example of mobilizing resources and channeling them to communities.
- **Developing effective partnership mechanisms:** Based on national contexts and realities, mechanisms vary e.g. Expanded Theme Group in Ghana, Zambia, Ethiopia; Technical Working Group in Malawi; Task Force in Burkina Faso; Partnership Forum in Tanzania and South Africa.
- **Scaling up programmatic interventions:** One of the challenges in the response to HIV/AIDS in sub-Saharan Africa is the scaling up of successful pilot projects to achieve national coverage. Partners have accelerated this process by providing financial, technical and material sources.
 - Care and Support, in Swaziland, Mozambique, Uganda, Tanzania, Côte d'Ivoire and Ghana.
 - Partners, guided by the Inter-Agency Working Group, have worked together with countries in accelerating PMTCT. Botswana, Burkina Faso, Côte d'Ivoire, Kenya, Malawi, Rwanda, Tanzania, Uganda, Zambia and Zimbabwe.
- **HIV/AIDS strategies for countries in conflict,** including issues related to the military and peacekeeping operations are being developed.

Conclusion

All Partners have committed themselves to work on an emergency basis to operationalise the IPAA. Substantial achievements have been made over the past year, notably in the field of reinforcing political commitment, collaboration and communication, mobilizing financial resources and intensified action in countries.

As the Secretary-General commented, "This unprecedented crisis requires an unprecedented response - a response from all of us, whoever and wherever we are. A response that makes humanity live up to its name. The epidemic is terrible, but we are not powerless against it. "

The IPAA is moving but much more needs to be done to address the magnitude of the impact of the epidemic on the individuals, the family, the society and the development of the sub-Saharan countries. To accomplish the objectives of the Partnership, stated in the *Framework for Action*, we need to intensify our effort, especially in the following areas:

- Many countries have now completed their National Strategic Plans, and others are in the process of doing so, but it can not be forgotten that the enormity of the epidemic makes it an emergency crisis, and programmes must move quickly from planning into

practice. The cost of waiting to ensure a 'perfect' programme is a luxury that simply cannot be afforded. The plans that have been made already, and those being made, must be implemented with the shortest possible delay.

- The establishment of clear and thorough mechanisms for resource mobilization and for channeling the funds directly to the communities will ensure that the limited resources reach where they are so desperately needed.
- Many more resources are required in order to stem the devastation that has been wrought by this scourge throughout sub-Saharan Africa. It is of vital importance for all actors to further intensify their contributions - even more than they have to date.
- The coordination of the national response by the government is a key element for success. It is therefore essential that Partners support the strengthening of the capacity of the national coordinating bodies.
- Strengthening the leadership role of the community, especially traditional leaders, religious leaders, youth groups, women's groups and networks of PLWHV, so that they may build partnerships at national and local level will contribute effectively to the national response.

Intensified Action in a sample of Countries

BURKINA FASO

- ❑ The President declared AIDS as a national disaster and has created a National Solidarity Fund. At the request of the Government, a joint Partnership mission visited Burkina Faso in June 1999. This stimulated the National Strategic Planning process, which has recently been completed, and which has made significant advances in terms of advocacy, reinforcing ownership of programmes and building partnerships among community leaders and sectors other than health;
- ❑ An operational plan for the implementation of the National Strategic Plan is being developed and a resource mobilization Roundtable is scheduled for December 2000;
- ❑ Among attempts to mobilize fresh resources, the debt relief is the most advanced. The package that the World Bank and the IMF have agreed to support under the HIPC Initiative² will reduce the external debt of Burkina Faso by US\$115 million³, of which the World Bank will provide US\$44 million. This will help the country's finance, health and education but no fixed amount for HIV/AIDS has been announced yet;
- ❑ One of the mechanisms defined to co-ordinate and secure the optimal use of all technical and financial resources received from the international community is the recent Task force set up in July 2000. The Task Force is composed of representatives of UNDP, GTZ, Alliance Internationale, UNAIDS, French Cooperation, Dutch Cooperation, and Canadian Cooperation, and the government aims to assist in preparing a joint programme for intensifying the national response;
- ❑ At the district level, Gaoua district has led the way in the local response initiative with a multisectoral team having started implementing its district work plan for 1999-2000. Three other districts have adopted a similar approach and are now building partnerships which include local authorities, local actors and Donors.
- ❑ The World Bank is working with the government and UNAIDS in preparing a multisectoral, community-driven programme under the Multi-country HIV/AIDS Programme for the African Region (MAP) in an operation to support the national strategy. This should be approved this fiscal year.

ETHIOPIA

- ❑ In April 2000 the President launched the National Council on AIDS, supported by a National Secretariat located in the Office of the Prime Minister. The council has 76 members comprised of members from the various regions and ministries, religious organisations, women's organisations, NGOs and PLWHA organisations. Multisectoral subcommittees will ensure an effective resource flow to enable the

² HIPC: Highly Indebted Poor Countries Initiative.

³ Debt relief under the HIPC Initiative is expressed in Net Present Value (NPV) terms, which discounts future debt service payments to the current year's values, using current discount (interest) rates and exchange rates.

implementation of the National HIV/AIDS Strategic Framework 2000-2004 as well as the regional and federal strategic plans;

- ❑ The decentralisation of the National AIDS Programme is now effective and all of the 11 regions have already formulated their Regional Multisectoral HIV-AIDS Strategic Plans;
- ❑ A comprehensive HIV/AIDS financing study which will guide the resource mobilization strategy has been finalised. With support from the World Bank, mechanisms for channeling resources to rural communities (e.g. inclusion of a HIV/AIDS component within the Ethiopian Social Rehabilitation and Development Fund) are being identified;
- ❑ A joint IPAA mission (UNAIDS/WB) took place in June 2000 to assess a proposal for the acceleration of the implementation of the Strategic Plan on a large scale, through a fast-track funding mechanism. A consensus meeting on the mission outcomes with all partners has been organised for July 2001.
- ❑ Under the Multi-country HIV/AIDS Programme for the African Region (MAP) the World Bank recently approved a new operation, the Ethiopia Multi-sectoral HIV/AIDS Project (EMSAP) which would finance US\$63.4 million progressively over three years within the Government's 2000-2004 HIV/AIDS strategic plan. This new operation was prepared in close collaboration with the IPAA partners and about half of its financing will go directly to support local initiatives empowering local government, CBOs, NGOs and the private sector in the fight against the epidemic.
- ❑ In July 2000, the Ethiopian government developed the EMSAP, now known as a strategy for responding in an emergency manner and up-scaling the national response to HIV/AIDS. Development of this strategy was facilitated by the country's Theme Group on HIV/AIDS and with technical support from the World Bank in the initial project identification phase, and with selected members of the Theme Group in a later programming phase. EMSAP will help accelerate implementation of the Federal and Regional multisectoral HIV/AIDS Strategic Plans, particularly through provision of HIV/AIDS prevention, care, and treatment services at all levels and in a number of sectors. In addition, it will prioritise support for country-driven initiatives. EMSAP was launched at the Federal level by the National AIDS Council (NAC) in a one-day workshop in October 2000. The programme is currently being launched in various Regions and Zones to include participation at all levels.
- ❑ At the core of the National HIV/AIDS Council are the Ethiopian Religious Organisations, which have vowed to curb the impact of the epidemic in as short a period of time as possible. As such, they have taken the central role in organisational and behavioural change with their congregations. The Ethiopian Orthodox Tewahido Church (EOTC) with its 35,000 churches, over thirty million followers, and four thousand schools has taken up HIV/AIDS as a prime target of public awareness, civic and moral education, training of trainers and a platform to launch participatory programmes against HIV/AIDS. The Ethiopian Islamic Supreme Council, whose influence covers over twenty million people, has also taken concrete steps and measures in sensitising the public and undertaking training of trainers. The Ethiopian Catholic Church and the Evangelical Mekane Yesus Churches are also actively

strengthening their intensified action against HIV/AIDS. The four religious mainstream groups, which have now created a national forum chaired by the Patriarch of the EOTC, represent over 98% of Ethiopia's sixty million people.

GHANA

- ❑ An IPAA mission visit to Ghana in October 1999 proved to be the turning point in dealing with HIV/AIDS in that country. The added commitment of the President has led to a nationwide mobilization of all ministries, and to the media and traditional leaders speaking out on AIDS;
- ❑ The Government of Ghana, at its cabinet meeting of 11 May 2000, decided to establish a supraministerial and multisectoral Commission chaired by the President to direct and co-ordinate all activities in the fight against HIV/AIDS as a result of the Partners' Mission to Ghana in October 1999. The Ghana AIDS Commission (GAC) will be established within the Office of the President. GAC will receive support from the World Bank through the establishment of a fund – Ghana HIV/AIDS Response Fund (Garfund). GAC will manage and monitor Garfund and make allocative decisions on the use of the funds;
- ❑ A National HIV/AIDS Secretariat is to be established to serve the Commission and implement its decisions and programmes. The Secretariat will co-ordinate, manage funds and monitor HIV/AIDS, and undertake related activities in the country. All Government Ministries, Departments and Agencies (MDAs) will develop sector-specific HIV/AIDS programmes. GAC functions and activities will be decentralised through the establishment of Regional HIV/AIDS Committees and, at district level, Committees on HIV/AIDS shall be established to co-ordinate, monitor and supervise all HIV/AIDS activities;
- ❑ The expansion of the Theme Group (TG) and Technical Working Group (TWG) to include all UN agencies, multi/bilateral Donors and government sectors has greatly increased collaboration among the partners. During the 10th consultative group meeting in November 1999, Donors strongly supported the government's intention to intensify efforts against HIV/AIDS and several indicated their financial support;
- ❑ Following the completion of the strategic framework in June 2000 - the Ghana HIV/AIDS Strategic Framework (2001-2005) - the Government is planning to conduct a resource mobilization Roundtable for the implementation of the framework;
- ❑ The King of Ashanti requested the expansion of the local response initiative to all 17 Ashanti districts;
- ❑ Ghana is making efforts to gain the support of the private sector (Turner Foundation interventions in heavily affected provinces have already started) and to elaborate programmes in the workplace through the Employers' Association with the assistance of ILO. The Ministry of Employment and Social Welfare has already undertaken a workplace study to provide employers with data on the impact of HIV/AIDS on productivity. UNFPA has offered technical assistance to address the issue of AIDS in the workplace;

- ❑ Other immediate actions include the strengthening of care and support services for PLWHA, scaling up the VCT and MTCT services, the promotion of female condoms and social mobilization via public transport companies and football clubs.

MALAWI

- ❑ Political mobilization has significantly increased over the past two years. HIV/AIDS has been acknowledged by the President, and the Vice-President chairs the National Committee on HIV/AIDS in addition to having led and actively participated in the successful resource mobilization Roundtable held in March of this year. This success was attributed to the high quality of the strategic framework and to the early involvement of development partners, and resulted in pledges of US\$110 million for the implementation of the plan. This Roundtable is not considered to be a one-off event but rather a fundamental part of an ongoing process;
- ❑ One of the effective mechanisms of the IPAA in Malawi is the Technical Working Group (TWG) on HIV/AIDS. An Interministerial Committee works together with the TWG in order to mainstream HIV/AIDS in the public sector. HIV/AIDS has been incorporated in the Education Policy Investment Framework, the Malawi Agriculture Sector Investment Programme and the Poverty Reduction Strategy papers. In order to ensure a multisectoral and decentralised response, various other sectors and districts are developing implementation plans, estimated to cost a further US\$40 million;
- ❑ A recent development is the establishment of Sub Technical Working Groups focusing on thematic areas such as care for PLWHA;
- ❑ The UN Theme Group on HIV/AIDS is comprised of the Heads of all UN agencies represented in Malawi - UNDP, UNFPA, UNICEF, WHO (Chair), World Bank, UNHCR, FAO, and WFP - as well as the Manager of the National AIDS Secretariat. The Theme Group continues to play an important role in resource mobilization, institutional strengthening and technical support in areas such as national sectoral and district planning, voluntary counselling and testing, greater involvement of people living with HIV/AIDS, the prevention of mother-to-child transmission of HIV and youth participation;
- ❑ At district level, coordination is conducted through the District AIDS Coordinating Committees which include local government officials, representatives of NGOs, religious leaders and political leaders. These committees are being strengthened as part of the preparations for the implementation of the National Strategy Framework, and will work in primary areas such as AIDS prevention, home-based care, orphan care, high-risk behaviour and youth. All (26) districts are expected to have finalised their district plans by the end of 2000.

MOZAMBIQUE

- ❑ The President called the epidemic a national disaster in September 1999 when he launched the National Strategic Plan, and the acknowledgement of its significance has continued through provincial governors alerting their constituencies to the seriousness of the epidemic;

- ❑ Mozambique's initial National Response to HIV/AIDS suffered setbacks in February when the country suffered severe floods. The already fragile health delivery system was extensively damaged, and the social and economic disruption arising from the floods had the potential to fuel further HIV transmission because of the exacerbation of poverty;
- ❑ The IPAA in Mozambique contributed to the development of a multisectoral National Strategic Plan (2000-2002), which was completed in September 1999 and endorsed by the Council of Ministers in February 2000;
- ❑ A multi-sectoral National AIDS Committee (NAC), based in the Office of the President, was established in May 2000 and will be coordinating the implementation of the NSP;
- ❑ Under the coordination of the National AIDS Council all central government sectors and provinces have completed their plans of action;
- ❑ A Resource Mobilization Roundtable meeting was held in November 2000 to affirm detailed plans of institutional arrangements and mechanisms of coordination as well as to mobilize resources and seek firm commitment from partners for the implementation of the NSP;
- ❑ In April 2000, the World Bank and the IMF announced that the total relief from all of Mozambique's creditors under the enhanced HIPC Initiative equals US\$600 million, or US\$254 million in net present value terms (NPV). This new amount is in addition to relief committed under the original HIPC Initiative in 1999, worth US\$3.7 billion.

TANZANIA

- ❑ In his New Year presidential address, the Head of State called on the population to declare a war against the HIV/AIDS epidemic. The latest indication of high political commitment of the government is the integration of HIV/AIDS into development strategies (Tanzania Social Action Fund, Social Development Funds, PRSP/HIPC). In this context, HIV/AIDS was put high on the agenda of the last Public Expenditure Review consultative meeting in May 2000. In this forum, key stakeholders discussed key public expenditure policies and programmes and set out national strategic priorities for resource allocation;
- ❑ In Tanzania, the Prime Minister created the National AIDS Advisory Board on AIDS (NABA) and together with the former President Mwinyi, he chairs the National Advisory Board. In Zanzibar, the Office of the Prime Minister hosts the National AIDS Council, and the Permanent Secretary chairs the National AIDS Council in the Chief Minister's Office, permitting a close follow up of HIV/AIDS control activities by the Prime Minister;
- ❑ The government has allocated US\$5 million to sectoral and District AIDS Activities for the fiscal year 2000-2001;
- ❑ Local governments and districts are playing a key role in the implementation of the national strategic plan. Multisectoral Action plans for 24 sectors and 115 districts for

2000-2002 for an amount of US\$10 million have been completed. A District Response Task Force, comprising technical personnel of the UN, NACP, and PLWA, is promoting and supporting district responses to HIV/AIDS;

- ❑ In order to meet the requirements for the implementation of the new Strategic Plans, the government with the support of USAID has conducted a management review of the NACP. The Zanzibar Government is conducting a similar exercise for the Zanzibar AIDS Control Programme (ZACP) with support from UNDP and UNAIDS, from November 20 to December 15, 2000;
- ❑ Tanzania (Mainland) and Zanzibar have each completed their National Strategic Plan. Both National Strategic Plans recognise AIDS as a socio-economic and development problem and are intended to promote a multisectoral approach against the HIV/AIDS epidemic. As a result, the public sectors have established Technical AIDS Committees (TACs) to spearhead sector response to HIV/AIDS and facilitate co-ordination with other partners and NACP;
- ❑ The Prime Minister launched the Tanzania Business Council on HIV/AIDS, a committee of leaders from the private sector, in August 2000;
- ❑ The Government is to establish an information sharing coordination and resource mobilization partnership forum as suggested in the IPAA *Framework for Action*.

BOTSWANA

- ❑ The Government of Botswana has expressed its full commitment to tackling the HIV/AIDS epidemic under President Festus Mogae, who is intent on ensuring that the people of Botswana understand the gravity of the epidemic and become seriously engaged in the fight against it at all levels;
- ❑ The President chairs the National AIDS Council (NAC) which he has dubbed a “WAR COUNCIL”. It includes representatives from government, NGOs, religious organisations, the uniformed services, private sector, PLWAs, HIV/AIDS networks and trade unions;
- ❑ HIV/AIDS and the implications of the epidemic for the country were recently the lead item in the State of the Nation address, in which the President urged all Botswana to remove the stigma and denial associated with HIV/AIDS, and to reveal cause of death when AIDS was involved;
- ❑ The Government matches its rhetoric with resources by contributing 3:1 every dollar that UNDP contributes to AIDS prevention and care activities;
- ❑ Each ministry (including the Ministry of Health) has a sectoral committee for HIV/AIDS;
- ❑ District Multi-Sectoral AIDS Committees (DMSACs) are in place in 16 of the country’s 24 districts. Further expansion of the multisectoral response links up with village, community and family initiatives.

COTE D'IVOIRE

- ❑ Since December 1999, Côte d'Ivoire has been in a state of institutional transition, with complete suspension of financial and even technical assistance from traditional donors. Only the United Nations system has remained active, with each agency acting in its own area; thus, the Theme Group welcomed the decision by Geneva to make available US\$ 500,000 under the Programme Acceleration Funds. The Theme Group decided to use these funds to support the implementation of its plan of action, with an emphasis on integrated projects;
- ❑ One year ago, Côte d'Ivoire completed its strategic planning process with the preparation of an operational plan for 2000-2001. Despite the affirmed intent of opening up the programme and securing multi-sector participation, the trend is still towards strong centralisation. This has been recognised by The National Programme for the Control of AIDS, Sexually Transmitted Infections and Tuberculosis (PNLS/MST/TUB), and it will receive technical and financial support from the Theme Group for the preparation of regional operation plans (Programme Acceleration Fund) during the first quarter of 2001;
- ❑ The PNLS/MST/TUB has prepared a document for institutional, political and civic advocacy with the assistance of the Theme Group and integrated its support into its 2000-2001 plan of action. The primary objective was to institute multi-sector involvement in the true sense of the word, involving not only an appropriate and significant contribution by all development sectors – in particular through the formulation of sectoral policies by all the Ministries – but also the identification of the problems posed within civil society and the private sector;
- ❑ The UNAIDS Theme Group has provided technical and financial support and agreed to assist the national authorities with their efforts at organisation, networking and dissemination activities. This includes further developing cooperation with NGOs;
- ❑ The private sector, too, has begun to mobilize, cautiously but with extremely encouraging results in some firms, such as the Ivorian Electricity Company (CIE), whose experience has been designated best practice by UNAIDS, the Aga Khan group, the Ivorian Telecommunications Company, and the Société de Distribution des Eaux de Côte d'Ivoire. Several large firms have also set up structures for dealing with staff members who are either infected or affected (private insurance, mutual insurance, welfare funds etc.);
- ❑ “Forces for change, young people mobilized against AIDS” project was initially financed by the Strategic Planning and Programme Development Fund, and implemented by UNESCO (3,600 peers were trained and became operational in five regions) and will be extended to five other regions in the country;
- ❑ A Committee on HIV/AIDS orphans was set up following discussions between the UNAIDS Office, the World Bank and PNLS/MST/TUB and in the wake of the World Bank's consultative mission. The committee includes members from the Ministries of Health and of the Family, civil society and a number of Côte d'Ivoire's partners. An initial three-day workshop was held in September 2000;

- ❑ Many other bodies - e.g. involving partners such as PNLS/MST/TUB (NGO cell), the GIPA (Greater Involvement of People Living with HIV/AIDS) project, UNV International from Bonn, UNDP's HIV and Development project, UNFPA, the World Bank through the Integrated Health Services Development Project (IHSDP), *la Coopération française* and the French volunteers for progress association - have begun action, or have recently resumed programmes. Examination of ways of resuming coordination and collaboration with bilateral and multilateral partners, NGOs and other associations will resume within the framework of the Expanded Theme Group.

KENYA

- ❑ In November 1999, the President of Kenya declared HIV/AIDS a national disaster and called for urgent measures to curb the fast-spreading HIV/AIDS epidemic. As a result of information sharing and advocacy workshops sponsored by the Government and UNAIDS, there has been a commendable spirit of awareness by political leaders, who are now talking openly to the general population about HIV/AIDS prevention and control;
- ❑ The National AIDS Control Council (NACC) was officially launched by the Minister of State in the Office of the President in February 2000. The NACC is housed in the Office of the President, emphasising centrality in HIV/AIDS policy formulation as well as high-level political commitment;
- ❑ The NACC is comprised of the following institutions: The AIDS Control Units (ACUs), the Provincial AIDS Control Committees (PACCs) the District AIDS Control Committees (DACCs) and the Constituency AIDS Control Committees (CACCs). This NACC structure ensures a thorough decentralisation and ownership of HIV/AIDS initiatives at the different levels of Government structures;
- ❑ The Kenya Business Council was launched on 18 August 2000. The idea of establishing the Council was to have the private sector taking corporate responsibility in the face of the HIV/AIDS epidemic, and developing prevention programmes within their companies;
- ❑ The Coalition of Media Against AIDS (COMEDA) was launched in April 2000, the main objective of which is to facilitate the flow of information on HIV/AIDS from its sources to the various media houses for onward dissemination to the general public;
- ❑ The first National Strategic Plan (NSP) was developed in 1997/98 and launched in early 1999. However, with the declaration of HIV/AIDS as a national disaster and the establishment of the NACC, it became necessary to review and recast the NSP. The five-year (2000-2005) NSP is now complete and has been approved by the NACC and the Cabinet. The President will launch the NSP on World AIDS Day 2000, an activity which will be followed by a Roundtable resource mobilization, to cover activities laid down in the NSP.

NIGERIA

- ❑ A Presidential Commission on AIDS, which includes several key Ministers, and a National Action Committee on AIDS (NACA) headed by a senior adviser to the President of the Federal Government of Nigeria, have been created. From the beginning of the year 2000, NACA has been active and engaged in developing the capacity of its members and secretariat to adequately guide partners in the development of the national response;
- ❑ Federal Government funding has been made available for NACA's installation grant and operational budget (53 Million Nairas, or US\$530,000);
- ❑ The UN agencies have been jointly working with the government under a Theme Group chair over the past 2 and half years and are now working toward a UN Integrated Workplan due at the end of 2000, that will fit into the Interim Action Plan, and ultimately into the National Strategic Plan;
- ❑ In the private sector the large international oil companies (Chevron, Shell, Elf, Exxon, etc.) have understood that fighting HIV/AIDS with adequate preventive programmes is a necessary step to keeping their staff and their dependants healthy, but it also helps reduce costs. Unfortunately, the Banking sector, the hotel, the light and heavy industries, mining, etc. have still to be persuaded to become partners;
- ❑ The three-year Interim Action Plan (beginning in early 2001) and a five-year National Strategic Plan are at present the instruments commonly accepted by International and National Partners. The Interim Action Plan (US\$190 million), is to be financed in three parts – one IDA credit of US\$60 million, one US\$60 million Nigerian Government contribution, and the last third Joint partnership funding (DIFID, USAID, UNAIDS cosponsors and UN agencies Integrated Plan, AFDB, etc.);
- ❑ UNAIDS has also financed the participation of a Nigerian delegation (NACA) to a seminar on Poverty Reduction and Debt Relief and HIV/AIDS that took place in Malawi in November 2000.

SWAZILAND

- ❑ In a speech during the opening of Parliament in February 1999, His Majesty King Mswati III declared that HIV/AIDS was “a national disaster” in Swaziland. This declaration resulted in the establishment of a Cabinet Committee on HIV/AIDS chaired by the Deputy Prime Minister in May 1999. He again spoke of the epidemic during the SADC consultative conference in February 2000, telling the gathering that all the development efforts will come to nothing if attention is not paid to HIV/AIDS prevention and impact mitigation. And again, in June 2000, His Majesty went to Washington where he spoke on the problem of HIV/AIDS;
- ❑ In December 1999 several Cabinet Ministers, Parliamentarians and Traditional Leaders were involved in community mobilization, and Parliamentarians were requesting each sector to include an HIV/AIDS budget line within the Ministerial Budget before sending it to Parliament for approval;

- ❑ The Government is in the final stages of formulating the National Strategic Plan. The process involved consultation with all major stakeholders including Public and Private Sectors, Churches, NGOs, Youth Groups, PLWHA, Chiefs and Members of Parliament. Members of these sectors also comprise the present national response, which is coordinated through the Crisis Management and Technical Committee (CMTC);
- ❑ An IPAA mission composed of representatives from UNAIDS and WHO and a task force from the Ministry of Health met in September 2000;
- ❑ The HIV/AIDS Crisis Management and Technical Committee and the UN Theme Group has contracted the Swaziland Institute of Management and Public Administration (SIMPA) to develop and provide HIV/AIDS prevention and control training to all civil servants. In order to ensure the optimal delivery/outcome of the training, it began sensitisation and training of Principal Secretaries in October 2000;
- ❑ The UN Theme Group continues to include new contributors, most recently bilateral Donors and a representative of the Federation of Swaziland Employers and Chamber of Commerce. Other NGOs are presently being considered.

UGANDA

- ❑ The Government of Uganda has acknowledged the presence of HIV/AIDS since the mid-1980s. In that time they have achieved the remarkably successful achievement of declining HIV sero-prevalence rates among adults, proving that reduction can be achieved within a resource constraint setting. However, the country is currently facing the threat of complacency, challenging all levels of society;
- ❑ Political commitment was recently reinforced by officially placing the Uganda AIDS Commission within the ministry of the President's Office, thereby confirming the urgent need for a multi-sectoral response. At present the country is in the stage of developing sector plans in HIV/AIDS, within the National Strategic Framework;
- ❑ Uganda has been exemplary in promoting the involvement of community-based organisations (CBOs) and non-governmental organisations (NGOs) in the fight against HIV/AIDS;
- ❑ In March 2000 the Uganda AIDS Commission and the expanded Theme Group on HIV/AIDS jointly organised a national advocacy and consensus-building workshop involving all relevant stakeholders;
- ❑ The Theme Group on HIV/AIDS has moved beyond the UNAIDS Cosponsors, to include membership of other UN agencies who have also expressed their commitment towards the IPAA. This has subsequently resulted in a close collaboration with the several line ministries, the Uganda AIDS Commission and the UNAIDS Country Office, as well as increasing the possibility of financial and human resources for HIV/AIDS interventions;
- ❑ All major Donors working in the field of HIV/AIDS in Uganda are also members of the expanded Theme Group on HIV/AIDS and the Technical Coordination

Committee. These include USAID, the Italian Corporation, Ireland AID, the French Embassy, the Danish Embassy, the European Union and the British DFID;

ZAMBIA

- ❑ The Zambian President Frederick Chiluba called for immediate attention to the HIV/AIDS crisis at a Resource Mobilization meeting in November 2000. “I am personally appealing to each and every one of you and your constituencies, to hear our plea for more resources to fight the epidemic. The problem is very urgent and we need to begin to do something very serious about it now. Tomorrow will definitely be too late.”
- ❑ The President has also outlined his government's effort to accelerate and scale up the national response to the AIDS disaster, which included a new Zambia National HIV/AIDS Strategic Framework to cover the years 2001-2003, the formation of a committee of cabinet ministers on HIV/AIDS, the establishment of the HIV/AIDS/STD/TB council and a National HIV/AIDS secretariat;
- ❑ The Resource Mobilization meeting for the National HIV/AIDS strategic framework for the year 2001-2003 in the capital, Lusaka, was organised by government to solicit funds from partners for the implementation of the National HIV/AIDS Strategic Framework project estimated to cost about US\$558 million for a three-year period beginning 2001. A total of US\$23.5 million is known to have been committed by Donor partners, which leaves a shortfall between the projected needs and the amount pledged of US\$382 million;
- ❑ The Framework identifies 42 Catalytic Projects chosen in accordance with priorities related to sub-populations, geographic location and intervention type. Projects include the participation of ministries, NGOs, CBOs and the private sector. The targets include the segments of society most heavily affected by the epidemic.
- ❑ In Zambia, the District implementation of the strategic plan is to move ahead with Irish funding. The Strategic Plan proposes to team up catalytic projects with relevant ministries in the implementation of district activities based on national best practices. UNAIDS Programme Acceleration Funds (PAF) for district responses have been requested for strengthening district responses.

Intensified action by Cosponsors, Donors, private sector and community sector

1. Cosponsors

The UNAIDS Cosponsors and the Secretariat met in Harare, Zimbabwe, in February 2000 to review the progress made and to map the way forward. They acknowledged that HIV/AIDS had now been recognized at the highest political levels throughout Africa, and that substantial progress has been made at country level. A statement was issued in which they further committed themselves to:

- ❑ strengthen work at country level through the Theme Groups in all African countries;
- ❑ prepare and organize Roundtables involving the five constituencies of the IPAA to mobilize resources for implementing the costed national plan in the six countries;
- ❑ develop approaches to HIV prevention in countries experiencing civil war and instability; and
- ❑ strengthen mechanisms for inter-agency collaboration, including the development of inter-agency groups.

The World Bank: A significant change in World Bank policy is presently taking place in regard to countries affected by HIV/AIDS. As part of the IPAA a World Bank strategy on HIV/AIDS was launched last year in Lusaka and a multisectoral AIDS Campaign Team for Africa (ACT-Africa) has been created to serve as the Africa region's focal point. The epidemic was also the subject of one of the most significant papers during the International Monetary Fund (IMF)/World Bank annual spring meeting this year. The President of the World Bank has declared that any affected country with a coherent AIDS strategy would not go unfunded. In September 2000, a US\$500 million Multi-Country HIV/AIDS Programme for the Africa Region was approved by the Board of Directors. The overall objective of the Regional Multi-Country HIV/AIDS Programme (MAP) is to dramatically increase access to HIV/AIDS prevention, care and treatment programmes through multisectoral responses involving key stakeholders, with special emphasis on the most vulnerable groups (women of childbearing age, youth). There are no stringent eligibility requirements; the government has only to demonstrate its willingness to translate their national multisectoral strategic plan against HIV/AIDS into actions and ensure that the resources will reach local communities. It is the objective of the World Bank to assist as many countries in significant need as soon as possible. Ethiopia and Kenya were the first two countries to access the MAP resources. In total, some 12 projects are expected to be fully negotiated by the end of June 2001. Additional resources will then be made available to finance a second group of HIV/AIDS projects that would be financed under the MAP.

UNFPA : *UNFPA is guided by, and promotes all the principles of the ICPCD Programme of Action and is mandated to assist countries in the goal of ensuring universal access to high quality reproductive health services. In 1999, the United Nations five year review of progress since the Cairo conference yielded new goals in response to the devastating progression of the HIV/AIDS pandemic. These goals are:*

- ◆ To provide access to HIV preventive methods to 90% of young women and men aged 15 to 24 by 2005 – and at least 95% by 2010.
- ◆ To reduce HIV infection rates among 15 to 24 year old by 25% in most affected countries and by 25% globally by 2010.

The issues of sexual and reproductive health and HIV/AIDS have taken on a much greater priority within the UNFPA supported programmes. UNFPA has informed all its offices to re-programme more resources for HIV/AIDS interventions. The field offices have started complying with this recommendation. Below are few details of UNFPA supported programmes.

Integration of HIV/AIDS Prevention in Population Programmes: All UNFPA-supported population programmes in all the countries in sub-Saharan Africa have HIV/AIDS interventions integrated. The interventions include the provision of information, education, and communication for behaviour changes, advocacy, counseling and services for the prevention and control of HIV/AIDS. It also include treatment of STDs, voluntary testing and counseling, support for the provision of safe blood transfusion and the incorporation of information on HIV/AIDS in Family Life Education (FLE) programmes in and out-of-school, and supply of contraceptives (condoms).

Specific Actions

In addition to the above, UNFPA has undertaken special initiatives to help Africa build up its capacity to combat the spread of the HIV/AIDS epidemic. These include:

Human Resources Capacity Building: through training of the 60 multidisciplinary CST advisers in Africa on HIV/AIDS, to ensure that the advisers integrate HIV/AIDS interventions during capacity-building assistance to governments on population programmes, including reproductive health. UNFPA is strengthening the technical resources of its CSTs in Africa by recruiting four CST advisers specifically of STDs/HIV/AIDS.

Advocacy: UNFPA took the lead to develop an interagency **Joint Advocacy Initiative against HIV/AIDS in sub-Saharan Africa** to enlist the political commitment and financial support of the leadership in Africa at all levels to put in place policies, programmes and other interventions to combat the epidemic in the region. The planning meeting of the Joint Advocacy Initiative took place in New York, in March 2000. As a follow up, a situation analysis/needs assessment missions was undertaken between July/August 2000 to six African countries and regional institutions to develop a full regional project and in-country advocacy framework. The planning meeting was attended by technical experts from African governments, UN agencies (ILO, UNHCR, and FAO), UNAIDS co-sponsors, bilateral donors (Japan, DFID and DANIDA), and NGOs. Six countries visited for the situation analysis/needs assessment are Ethiopia, Tanzania, Malawi, Ghana, Côte d'Ivoire and Burkina Faso.

Youth and Adolescent: In view of the magnitude of the disease among young people and the need to respond requests for further assistance by governments, UNFPA secured **\$57 million from the Bill and Melinda Gates Foundation** for preventing and controlling HIV/AIDS among young people in four African countries (Botswana, Ghana, Uganda and United Republic of Tanzania) for five years, starting in the year 2000. Strategies include behaviour change communication, advocacy, skills development, accessibility to reproductive health information and services, and strengthening of institutional capacity. Implemented with other UN agencies, International and National NGOs. UNFPA plans to replicate this nationwide approach to other countries in Africa.

UNFPA is also supporting similar ARH and HIV/AIDS prevention programmes in Sao Tome, Senegal, Benin, Burkina Faso and Mali with support from Turner Foundation. UNFPA, in collaboration with European NGOs, has developed similar proposals on prevention of HIV/AIDS among young people in more African countries with the aim of mobilizing more resources from the European Community.

“Regional Strategy”: Develop a pro-active “strategy” (Expanding and Improving UNFPA’s Responses to HIV/AIDS in Sub-Saharan Africa) that would guide UNFPA field offices in the African region to be more responsive to the HIV/AIDS epidemic.

UNICEF: UNICEF has identified HIV/AIDS as a programme priority within the organisation, particularly in sub-Saharan Africa where the epidemic is most severe. It has started a massive reorientation of its programmes in Africa to ensure HIV/AIDS is at the forefront of all activities. As part of the reorientation, additional programme staff and regional advisors focusing on HIV/AIDS have been recruited for Africa, and financial resources have been increased and directed towards HIV/AIDS-related activities. A resource mobilization strategy for eastern and southern Africa has been developed at an estimated US \$250 million for the next 5 years.

UNICEF priority programme areas include advocacy to break the conspiracy of silence, prevention of mother-to-child HIV transmission, primary prevention among young people, care and protection for children affected by AIDS and care for staff affected by AIDS. UNICEF has

taken the lead role within the UN in the development of pilot interventions to reduce mother-to-child HIV transmission and will continue to benefit from the experience of the pilot projects to expand services to as many antenatal care facilities as possible. While advocating for young people's rights, better information and full participation in the planning of programmes, and access for all to primary education remains a continued priority for UNICEF. The challenges of ensuring primary school access in eastern and southern Africa cannot be overstated. Developing best approaches for ensuring care of orphans and care for children tending to dying parents remains a challenge for the global community. Care for orphans and related policy development will be a top priority for UNICEF in Africa in the next ten years. In addition to caring for UN staff affected by AIDS, UNICEF will invest in building the capacity and training of Programme Officers which are necessary to function well in countries severely affected. In addition, each of its offices and programmes will consider the development of strategies and activities to mitigate the impact of AIDS on development, in particular in defining matters relating to child survival as a priority. It is incumbent on UNICEF and all the UNAIDS Cosponsors to keep the attention of policy-makers, Donors and civil society on the ways in which HIV/AIDS is impoverishing the region. Economists have estimated the financial impact of the epidemic on business, agriculture, and the social sectors. UNICEF with its partners must keep putting a human face on that impact and must make the point with policy makers that the best poverty reduction plans will be foiled if inadequate attention to HIV/AIDS continues to be the norm. By early 2001, UNICEF as part of UNAIDS will launch a new effort to provide technical and financial support to programmes that provide care for AIDS-infected children and other persons. This effort will build on and complement existing UNICEF-supported work in nutrition, health and home-based care for children. This work complements continuing efforts to advocate for greater affordability and availability of anti-retroviral drugs. UNICEF continues to play an active role in the functioning of the Theme Group mechanism at country level. Partnerships and collaboration are crucial to UNICEF programming approaches, in particular, the need to build institutional capacity and to advocate for better services. Partnerships with the academic institutions, NGOs and private sector have been strengthened.

WHO: WHO has reaffirmed its commitment to the global response to HIV/AIDS, through decisions and resolutions adopted by the Executive Board, World Health Assembly and Regional Committee for Africa in the year 2000. The 50th session of the WHO Regional Committee for Africa adopted a framework for acceleration of implementation of the Regional Strategy on HIV/AIDS, which emphasises partnership, decentralization and support to local responses to the epidemic. An additional US\$1.5 million has been allocated to HIV/AIDS within the WHO Regular Budget at regional level, while resource mobilization has been addressed with more vigour. Technical capacity at country level is being strengthened through the recruitment of National Programme Officers for HIV/AIDS within selected WHO country offices. An expert consultation on cost-effectiveness of HIV interventions has sharpened the focus of the draft WHO contribution to the IPAA. WHO is supporting countries to accelerate actions to improve drug affordability and access to care for HIV/AIDS, in collaboration with the UNAIDS Secretariat and other partners, as part of the Accelerating ACCESS endeavour. Technical support has been provided for the development of plans in aspects of care in Malawi, Namibia, Swaziland, Uganda and Senegal. WHO continues to play a key role in the functioning of UN Theme Groups on HIV/AIDS at country level.

UNDP: As the epidemic is increasingly impacting upon the development of many countries, HIV/AIDS is being seen as having importance well beyond the health portfolios (e.g. In the most affected countries gross national product may decline by 10 to 20 per cent by the end of the decade). As the countries themselves incorporate policies related to HIV/AIDS into development areas, UNDP is integrating HIV/AIDS into national poverty reduction papers, and has introduced innovative approaches to partnership development. Resource mobilization efforts are being expanded at all levels. UNDP Africa has initiated dialogue with the OAU and UN Economic Community for Africa (ECA), in collaboration with the Alliance of Mayors and Municipal leaders, on HIV/AIDS in Africa. Through the Alliance officials from 70 municipalities in 17

countries are working together and with community leaders and NGOs to identify areas where assistance is needed. UNDP has also sponsored HIV and Development Workshops for 1,200 senior officials from African ministries of planning and finance, agriculture, industry, interior, justice and the social sectors.

UNDP has also developed a US\$10 million pilot project in 8 countries and assisted Malawi in convening a Roundtable conference to mobilize resources for the implementation of its National Strategic Plan. In its support to development partners and countries, UNDP has integrated HIV/AIDS policies within all sectors of their programmes from ministries to civil society. In Rwanda a new UNDP-supported US\$1 million campaign helps government strengthen or create community organizations, helps establish testing and counseling centers, and supports programmes re-HIV in the armed forces. Other programmes include the HIV and Development Programme (HDP/BPPS) strengthening the capacity of the UN response and the evolving development challenges of the epidemic, as well as cooperation with other UN agencies. e.g. FAO. Financial support for UNDP's HIV-related activities, including cost sharing with the World Bank and Donors, has been about US\$300 million to date. But worldwide, AIDS is spreading three times faster than the funding to control it. So UNDP – working with UNAIDS and other partners – has launched a global advocacy campaign to increase Donor awareness and raise additional funds, not just from governments but also from businesses and foundations. UNDP's Working Group on HIV/AIDS in Africa, sponsored by the MAC AIDS Fund, is part of that outreach effort.

UNESCO: UNESCO's aim is to encourage the development of effective education strategies that help youth, in particular, to adopt attitudes and behaviours to avoid HIV infection. It is implementing the joint UNESCO/[UNAIDS](#) project: "A Cultural Approach to HIV/AIDS Prevention and Care". The results of one pilot study in Côte d'Ivoire—which showed that 7 teachers died each week—led to the government giving new priorities to the national programme on AIDS related to education policy. Similar studies on the impact of AIDS on education are being conducted in other sub-Saharan countries. UNESCO is also encouraging the training of journalists in the field of AIDS, and is supporting the international network of research centers developed by the World Foundation for AIDS Research and Prevention.

UNDCP: The most recent additional Cosponsor of UNAIDS, UNDCP is specifically involved in areas where drug use is seen to contribute to the spread of HIV/AIDS. This involves awareness and information programmes, education, prevention, counseling, treatment, and community care and rehabilitation programmes. It also places a strong emphasis on the relationship of illicit drug use and accompanying irresponsible sexual behaviour and its potential for spreading the virus.

2. Donors

Many Donors have indicated an increase in their investments on AIDS in Africa:

- At the Special Security Council on AIDS, **Italy** announced that it would contribute approximately US\$20million to the IPAA this year through multilateral and bilateral programmes.
- **The Netherlands** donated an additional sum of 3,000,000 Netherlands guilders (approximately US\$1.5 million) in 1999 to UNAIDS for the International Partnership. Furthermore, the IPAA was discussed intensively by both actors in the year 2000. Recently, the Netherlands Minister for Development Cooperation, Mrs. Eveline Herfkens, decided to increase Dutch voluntary contribution to UNAIDS with NLG 25 million for 2000 which, when added to the already transferred contribution, amounts to NLG 38 million. For 2001 NLG 39 million will be transferred as core funding. The total for this biennium will be NLG 77 million (approximately US\$31 million). The Netherlands contribution will be allocated for the core budget in support of the Unified Budget and Workplan, in keeping with the priorities

it places on thematic priorities such as the IPAA, capacity building at national level, vulnerable populations, MTCT and care.

- **The United Kingdom**, through the Department for International Development (DFID) has approved over £129.5 million to HIV/AIDS related programmes. This includes £14 million to the International AIDS Vaccine Initiative (IAVI), and £4 million for HIV/AIDS research programmes at the London and Liverpool Schools of Tropical Medicine. Kenya will receive £26 million to support the National Aids Control Programme and £11 million for other various AIDS interventions. Nigeria is allocated £17.8 million for social marketing, blood safety and HIV/STD management. South Africa receives £10 million in support of various AIDS/reproductive health programmes and Uganda £10 million to support national programmes. Tanzania and Malawi are other beneficiaries. At a regional level the SADC AIDS programme – covering Botswana, Namibia, Lesotho and Swaziland – receives £7.5 million and VSO Regional AIDS (6 countries in southern Africa) £1.2 million. A further £117 million is planned for reproductive/sexual health programmes with a strong focus on HIV/AIDS in Nigeria and for National AIDS Control Programmes in Ghana, Mozambique, South Africa. £25 million is also planned for support to the IPAA in strengthening national programmes in Ethiopia, Rwanda and Burundi. Altogether the DFID has approved programmes to a total of £129.5 million, in addition to planned programmes to a total of £142 million.
- **Belgium** will increase its effort in the battle against the HIV/AIDS epidemic: 400 millions BEF have been promised of which 150 million for the research of a vaccine (Ministry of Scientific Research) against the HIV and 250 million BEF for countries in Africa (Ministry of Foreign Affairs, Directorate-General for International Co-operation - DGIC). This last contribution (to be paid in 2000) will be done in coordination with UNAIDS. The actual proposal aims to provide a standardized kit of basic drugs for common problems in HIV/AIDS infection to three countries of Burundi, Mozambique and Tanzania, in order to alleviate a lot of suffering for PLWA and create a more positive image of the disease within communities. DGIC is presently undergoing, in collaboration with the Institute for Tropical Medicine in Antwerp, a complete review of his HIV/AIDS policy. The objective is to provide a more comprehensive response to the problem as till now the approach has been too much focused on the health aspects of the epidemic.
- **U.S.A.** Vice President Al Gore, presiding over the UN Security Council Session on AIDS, announced US\$150 million in stepped-up US contributions in the worldwide battle against AIDS. Further contributions may be made in the U.S. 2001 budget. Under the joint project of The LIFE Initiative: Leadership and Investment for Fighting an Epidemic, the USAID and the Centres for Disease Control and Prevention will increase resources for combating AIDS in Africa and improve their coordination. USAID has already initiated US\$55 million in programmes that will support efforts to contain the AIDS pandemic, provide home and community-based care, care for children orphaned by AIDS and strengthen community capacity to respond. The LIFE initiative focuses on 15 target countries that are experiencing the most severe epidemic, the highest number of new infections and where the potential impact is the greatest. The target countries are India, Botswana, Côte d'Ivoire, Ethiopia, Kenya, Malawi, Mozambique, Nigeria, Rwanda, Senegal, South Africa, Tanzania, Uganda, Zambia and Zimbabwe.
- **Sweden** opened a regional office in Harare to support a growing number of HIV/AIDS activities in the region. The Swedish International Development Agency (SIDA) has also established a Task Force to facilitate the integration of HIV/AIDS into its programmes. This is in addition to extensive financial support given to partner countries responding to the epidemic in Africa. Sweden has a special multisectoral programme for Africa, totalling to around US\$400 million, of which several components include HIV/AIDS activities.

- **Norway** granted a further 28.5 million Norwegian Kroner (approximately US\$3.6 million) in 1999 to UNAIDS for programmes within the framework of the IPAA. For the year 2000, Norway's contribution to IPAA activities through UNAIDS was increased to 31.4 mill. Norwegian Kroner. This was in addition to its core funding part of a 3-year action plan (which began in 1998) to increase support to AIDS related activities and grants enabling the development of WHO and World Bank strategy plans against HIV/AIDS in Africa. Norway also supports national AIDS activities in Malawi, Uganda, and Zambia. The Norwegian Minister for International Development has announced plans for a substantial increase in the funding of multilateral AIDS activities for 2001, as well as an intensification of bilateral cooperation with partner countries in Africa to combat the epidemic. Norway has also established a forum on HIV/AIDS and Development. The purpose of this forum is to get various sectors of the Norwegian economy to take an active role in HIV/AIDS issues at the international level. One of the key strategies is to promote private-public partnerships at different levels, including IPAA.
- **Canada:** The *Canadian International Development Agency (CIDA)* has been actively fighting HIV/AIDS since 1987, and is currently supporting the Canadian Public Health Association (CPHA), the Centre for International Cooperation in Health and Development (CSSISD), and the University of Manitoba, with \$55 million for their projects on HIV/AIDS in Africa. Canada also announced a \$50 million new fund for HIV/AIDS in December. This is to support successful HIV/AIDS projects in Africa, and in addition to the funding provided by the Canadian International Development Agency (CIDA). CIDA announced to spend \$120 million over the next three years to fight HIV/AIDS in developing countries and in countries in transition. The Minister of development cooperation made the announcement in Toronto where she was hosting an international HIV/AIDS conference on June 1-2.
- **Japan** has promised 90 billion yen in grants over a five year period from 1998 in such areas as education, health, medical services and the provision of safe and clean water in Africa, with the intention that these grants be used with particular emphasis on the fight against AIDS. Japan's official Medium Term Policy on Official Development Assistance (ODA) issued in August 1999 places a high priority on the issue of AIDS, offering both hardware-oriented and advisory assistance to health and medical policies. Japan has endorsed the concept of the IPAA throughout all stages of its development through the past 12 months, and has contributed US\$1 million this year to the IPAA. At the G8 Okinawa Summit in July 2000, Japan has launched Okinawa Infectious Diseases Control Initiative with US\$3 billion over the next 5 years targeting major infectious diseases including HIV/AIDS in Africa. Furthermore, in November 2000, Japan organized a meeting jointly with UNAIDS on south-south cooperation in the response to HIV/AIDS in Africa.
- **Finland** and **Ireland** have also increased their support to the fight against AIDS in Africa.
- **Germany:** Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) now have a special focal point for the IPAA in Bonn, Germany.
- **The European Commission**, the World Health Organization and the Joint United Nations Programme on HIV/AIDS announced on September a common stand against the epidemics of HIV/AIDS, malaria and tuberculosis in the developing world. The Commission is convening a high level Roundtable in Brussels, co-sponsored by WHO and UNAIDS, as a first step in designing a new programme of action for the EU to help developing countries to confront the growing epidemics of these three diseases and break the cycle of disease and poverty.

3. The private sector

The private sector, including corporate, labour and foundation, met in London in March 2000, hosted by the Global Business Council on HIV/AIDS (GBC), with Bill Roedy of MTV acting as the new chair, to discuss ways to turn commitment into action following the Secretary-General's meeting in New York. While the GBC is not a homogenous group, as a confederation of business interests it is able to serve as a body for action throughout the community. GBC is committed to encouraging business responses in IPAA countries and it is now carrying out a survey on its members' interests and connections in Africa. For example, one of the GBC member companies, the Standard Chartered Bank is conducting training on HIV/AIDS in twelve countries in sub-Saharan Africa, and it plans to extend training worldwide. It will also collaborate with UNAIDS Secretariat to initiate links between the private sector and other partner groups of the IPAA.

Foundations

The HIV/AIDS "Leadership Meeting" hosted by Hillary Rodham Clinton at the White House in September 1999 was used to raise awareness of the epidemic with US-based foundations and private sector. This was followed by a meeting in Seattle in January 2000 hosted by the Bill and Melinda Gates Foundation and co-sponsored by the MacArthur, Rockefeller and Packard Foundations. Some 17 foundations participated in the meeting, which focused upon identifying comparative advantages for private philanthropy in the IPAA. The group reaffirmed its commitments to the Partnership and agreed to utilize the discussions as a catalyst for further collaborative planning and action.

- The United Nations Foundation, established to oversee the administration of Ted Turner's gift in support of UN causes, has given over US\$6 million to HIV/AIDS related projects in Mozambique, Zimbabwe, Botswana and other countries.
- In April 2000 the Bill and Melinda Gates Foundation announced a US\$57 million grant to expand national HIV/AIDS programmes for youth in Botswana, Ghana, Uganda and Tanzania. The UNFPA, the respective governments, the Programme for Appropriate Technology in Health, Pathfinder International and local groups will implement the programmes.

Pharmaceutical companies

Five pharmaceutical companies and United Nations organizations have started a dialogue to explore ways to accelerate and improve the provision of HIV/AIDS-related care and treatment in developing countries. The pharmaceutical companies involved - [Boehringer Ingelheim](#), [Bristol-Myers Squibb](#), [Glaxo Wellcome](#), [Merck & Co.](#), and [F. Hoffmann-La Roche](#) - have indicated their willingness to work with other stakeholders to find ways to broaden access to care and treatment, while ensuring rational, affordable, safe and effective use of drugs for HIV/AIDS related illnesses. The companies are offering, individually, to improve significantly access to, and availability of, a range of medicines. Other pharmaceutical companies have also expressed interest in cooperating in this endeavour.

- [Boehringer Ingelheim](#), the manufacturer of the drug nevirapine, announced that for the next 5 years, it will provide the drug for free to pregnant, HIV-infected women in developing countries, allowing them to take advantage of last year's finding that one dose to mother and baby can dramatically cut HIV transmission.
- [Glaxo Wellcome](#) – Partnership is not new to [Glaxo Wellcome](#), as the company has supported communities affected by HIV/AIDS for many years, through the Positive Action programme. Positive Action is a programme of action, where partnerships are established with affected communities, healthcare providers, governments, international agencies and others in order to pursue the common goals of improved HIV prevention, education, care and support for people living with or affected by the virus. Recognizing the impact that grass roots action can have at the local level, Positive Action works to support these activities both globally through

international programmes, as well as nationally through programmes conducted in conjunction with Glaxo Wellcome's Local Operating Companies.

- Merck, the maker of two anti-HIV drugs, and the Bill and Melinda Gates Foundation will split the costs of a US\$100 million program to help Botswana launch a new comprehensive HIV/AIDS prevention and treatment program.

Private companies

MTV International is committed to influencing its media and corporate peers, and to providing its audience with accurate information in regard to health issues, and on HIV/AIDS in particular. A new 30 minute documentary has been produced in cooperation with UNAIDS and The World Bank as part of the World AIDS Campaign for 2000.

Examples of private sector activities include:

- "Secure the Future", a programme to which Bristol-Myers has donated US\$100 million over five years;
- In Nigeria, the Chevron Oil Company is working to protect the wider community;
- In South Africa, the electricity utility, Eskom, has made HIV/AIDS a strategic priority, guaranteeing benefits to employees with AIDS and their families (it has also funded medical clinics);
- In Zimbabwe, Rio Tinto has formed in its workforce AIDS action groups, led by volunteer employees who act as counselors and educators among co-workers, and distribute condoms to workers and to the communities;
- Tanzania recently established an HIV/AIDS Business Council, which is member of the Partnership forum;
- The Kenya Business Council on HIV/AIDS was launched as part of the Global Business Coalition on HIV/AIDS under the IPAA framework. This attracted a lot of media coverage both locally and internationally. Baroness Chalker hailed this private effort and promised support.

Labour organizations

OATUU, the Organization of African Trade Unions, in collaboration with UNAIDS and ILO, gathered African Trade Union leaders in July to seek strategies on how they can help reduce the spread of the disease, how the fundamental and trade unions rights of the HIV/AIDS victims can be protected and what roles the trade unions, employers and governments can play in the battle against AIDS.

The Congress of South African Trade Unions (COSATU) has issued a guide for shop stewards which includes HIV/AIDS education, and encourages the active participation of shop stewards in increasing the awareness of workers to their legal entitlements as employees in relation to HIV/AIDS. In association with the Federation of Unions of South Africa (FEDUSA), the National Council of Trade Unions (NACTU) and independent trade unions, the COSATU has formalized a pledge to campaign for increased implementation of HIV/AIDS related policies throughout the workplace. The Organization of African Trade Union Unity, the African continental trade union movement, based in Ghana, has developed a Health Safety and Environment Programme (HSEP) and issued guidelines in support of company interventions on HIV/AIDS.

4. Community sector

The community sector begins with the individuals, families and communities who have organized themselves on the basis of geographic constituents and thematic areas to respond to the epidemic. The community sector includes national and international non-governmental organizations (NGOs), community based organizations (CBOs), religious organizations, traditional healers, youth organizations, women's networks, networks of PLWHA, media houses and special interest groups.

At the beginning of the epidemic many initiatives in care and treatment were developed from communities and NGOs, sometimes before any official structures were put in place. Similarly, today, they remain at the forefront of many HIV/AIDS programmes, including advocating and encouraging the use of new therapies. Under the umbrella of IPAA, NGOs and CBOs are able to exchange information more readily, and, as a collective group, influence policy. Their contribution gives the community a voice in many important forums.

The Africa Council of AIDS Support Organization (AfriCASO) is to be the focal point of NGOs throughout sub-Saharan Africa. With AfriCASO in the lead, other NGO networks, especially the HIV/AIDS Alliance, will work to strengthen local NGO and CBO support systems.

NGOs and CBOs have endorsed, and committed themselves to support the IPAA at meetings in, respectively, London (April 1999), Dakar (August 1999), Lusaka (September 1999), Gaborone (March 2000) and Dar Es Salaam (April 2000).

AfriCASO, together with UNAIDS, organized the Dakar NGO Group meeting, and were also cosponsors together with NAP+, SWAA, and ICW of the community forum at Lusaka. The latter conference was attended by 240 key frontline community workers and people living with HIV/AIDS and was focused on two themes, namely, the IPAA; and the commitment to establish a comprehensive diagnosis of the current situation of HIV/AIDS and the progress achieved to date.

Representatives of the community sector also attended the meeting called by the UN Secretary General in New York in December 1999, the outcome of which was an agreement on specific actions, including:

- the repackaging of all information on the IPAA to make it accessible and understandable to all NGOs and CBOs;
- the dissemination of information and advocacy;
- the inclusion of the IPAA into current activities and in-country network developments; and
- the strengthening of regional networks.

Information and advocacy for the IPAA has been done by NGOs through newsletters and emails. In-country input collection on the framework paper has been gathered in countries like Senegal and Uganda, Malawi, Burkina Faso, Ghana, Tanzania and Ethiopia. A NGO meeting was held in Goree, Senegal from 20 –22 April to make final inputs into the *Framework for Action*.

This meeting at Goree clearly defined the roles, responsibilities and tasks for the African community sector. This is reflected in the UNAIDS PCB document on the IPAA and it is reproduced below:

- Information sharing and networking
- Support organizational development of national NGOs and CBOs
- Quality service delivery
- Programmes design, implementation and delivery
- Provide support and supervision to each other
- Promote transparency and accountability
- Community mobilization to ensure ownership of the national and community response
- Spiritual and moral guidance
- Strengthening of regional and country level networks
- Promote specialization among PHA groups
- Ensure development of expertise
- Developing and maintaining a data base of resourceful persons
- Acting as campaigners for prevention and care
- Provide support to other members of the partnership

- Offer technical and financial support to the local civil society

Of these the IPAA specifically identifies AfriCASO as a leading actor with clear roles and responsibilities in the following specific areas of action:

1. Perform situational analyses of the level of coordination of the community sector at country level;
2. Organize thematic fora to share and harmonize innovative ways of mobilizing community involvement in the four areas of intervention in the framework of the IPAA;
3. Create and support communication linkages between the country-level community networks;
4. Coordinate community monitoring and evaluation of the IPAA activities;
5. Strengthen regional networks to support in-country coordination;
6. Reduce the manifestation of stigma in communities;
7. Mitigate the impact of HIV and AIDS on communities.

AfriCASO has already sent a proposal to UNAIDS regarding the task assigned to it and is still awaiting the response.

The International Federation of Red Cross and Red Crescent Societies (Federation): In order to better focus RC/RC public health programmes, the African Red Cross/Red Crescent Societies Health Initiative (ARCHI 2010) was launched in 1998. The 53 African Red Cross/Red Crescent Societies and their respective Ministries of Health, the African academic world and various health related UN agencies have worked in a participatory planning process to identify public health priorities and related key health interventions where RC/RC could make a difference to the health of people at the community level. HIV/AIDS has emerged as the most urgent of these priorities, and work is intensifying to scale-up the RC/RC response to it. The strategy is based on the RC/RC's wide experience with community-based first aid and its proven capacity in emergency situations to mobilize enormous capacity to alleviate suffering and mitigate the effects of disasters.

The basic RC/RC approach is to: 1) develop competence in AIDS so that all members and volunteers of the RC/RC Movement acknowledge its realities and commit to its prevention and, 2) reduce vulnerability to HIV/AIDS by supporting different key stakeholders in their respective communities. The Federation is focusing on intensifying youth peer education, support and care for PLWHA based on home care strategy, advocacy actions on the promotion of human rights in the context of HIV/AIDS and support for orphans. As partner of IPAA the Federation is taking necessary steps to scale up the interventions against HIV/AIDS at the community level by mobilizing the 2 million Red Cross volunteers in Africa. In September 2000 the 5th Pan African Red Cross and Red Crescent Conference involving 52 National Societies was held in Ouagadougou. The major theme in this conference was HIV/AIDS. The National Societies of the 52 countries unanimously passed a declaration strongly expressing their determination to scale up interventions against AIDS. UN has seriously considered the Ouagadougou declaration and officially adopted it as UN document. In August 2000 the Federation has launched a 4.7 million CHF appeal for the ten southern Africa National societies to enable them to scale up interventions. An Africa wide major appeal on HIV/AIDS will be launched at the eve of the World AIDS Day.

Contribution of the Secretariat

The Secretariat of UNAIDS in collaboration with the Cosponsors and other Partners in the IPAA has brokered or provided targeted inputs in the following areas.

1 . Strategic Planning

Since the inception of the IPAA the UNAIDS Secretariat and Co-sponsors have increased technical and financial assistance to countries in a bid to intensify action on HIV/AIDS. This has resulted in the acceleration and completion of National Strategic Plans as well as increasing the focus on the reorganisation of national co-ordinating bodies. By October 2000 30 countries had finalised their NSPs or frameworks and a further 14 are currently going being developed, whereas only 19 countries had completed their NSP at the end of 1999.

In nearly all countries, with the support of the UNAIDS Secretariat and development partners, the national strategic planning process has resulted in the formation of wider and more effective partnerships and has encouraged increased internal and external mobilization of financial and human resources. These ongoing achievements however have highlighted the urgent need for technical assistance to support implementation, especially in the areas of costing, institutional support and strategic management. To improve overall management of national programmes countries requested the UNAIDS Secretariat to develop general guidelines to assist with programme implementation and Strategic Management. As a result, three landmark meetings were held with National Programme Managers, Co-sponsors, Bilateral agencies and regional experts.

The first two meetings - the Strategic Planning and Management meeting in Lusaka of September 1999, and the Geneva Preparatory Meeting for the Durban Strategic Management Satellite, held in May 2000 - concluded that effective programme implementation and management was largely dependent on achieving progress in the areas of political environment and policies, the structure of programme management and in building national capacity for implementation.

The third international meeting held in Durban in July 2000, discussed and completed the *Guiding Principles for the Implementation of National HIV/AIDS Programmes* which has now been distributed to all Africa Region Country Programme Advisors, as well as being introduced to the Latin America, the Caribbean and Asia. These Guidelines are now being elaborated further and will serve as the model for the delivery of Technical Assistance to countries to achieve the following aims of Strategic Management for HIV/AIDS programmes:

- Reinforce political commitment to support national programme implementation and management through continued advocacy for high level co-ordination and the adequate supply of human resources;
- Provide adequate financial and technical resources for district and local level multisectoral implementation and facilitate the partnership between communities and service providers;
- Develop appropriate capacities to plan for and mainstream HIV/AIDS into both the internal and external environments of sectors, programmes and private institutions;
- Establish monitoring and reporting systems based on simple indicators useful for all the levels of the national response;
- Facilitate long-term capacity building inputs for national programmes through the identification and support for country, regional and sub-regional technical resource networks.

2. Mechanisms for building partnerships at country level

The key function of the Partnership at country level is to provide a mechanism for all actors to come together under the leadership of the government, in support of effective National Strategic Plans. Several countries have established or are in the process of establishing national coordinating bodies that will serve this purpose. However, in the absence of such government coordinating bodies, Theme Groups are increasingly seen as an effective mechanism to facilitate government co-ordination of the national response.

Supported by the UNAIDS Secretariat, the membership of these groups are rapidly expanding beyond the UNAIDS cosponsoring agencies and even beyond the UN System. Theme groups

have in several countries been expanded to include government representatives, bilateral development agencies and/or NGOs. Some of these Theme Groups are chaired by representatives from national authorities.

A major challenge in the process of expanding Theme Groups is to ensure that the various parties feel sufficiently comfortable with the arrangement to talk freely and openly. The group needs to create safe spaces, where all parties feel able to engage in productive and valued discussion.

3. Decentralized Response

Within the framework of IPAA, the UNAIDS Secretariat is facilitating the development of partnerships at local and national level in order to enhance the interaction between the service providers and the communities for a more effective response to the epidemic. The ultimate goal is to develop the competence of the people to fight the disease where they live and work. This is done by feeding the necessary knowledge into implementing district support and into national policy and national strategic frameworks on HIV/AIDS.

- In **Burkina Faso**, the Gaoua district experience is being consolidated with World Bank support and being expanded into the neighbouring districts;
- In **Ghana**, ten districts are developing a “twin track” strategy that aims, through a multisectoral district team, to support on-going local level responses as well as providing technical assistance to local stakeholders to plan their own activities. The Head of State and the King of Ashanti have requested support to all districts in the country. The World Bank will support funding to all Ghanaian districts;
- In **Malawi**, discussions for a regional meeting for a capacity building exercise on facilitation are ongoing. This will help or scale up the development of the Local response approach in the region;
- In **Mali**, a recent mission has assisted the Government of Mali in sketching out its 2001-2002 Action Plan on HIV/AIDS and has worked with the partners of the « Bureau de Co-ordination SIDA » to further develop that country’s “One NGO-One District” Initiative on HIV/AIDS. A strategic support to NGOs in those districts will be provided by UNAIDS Secretariat and other IPAA partners through the UN Theme Group;
- In **Senegal**, Mbao District, with support from NACP, carried out an assessment to determine its readiness to start local response initiatives. UNAIDS supported the development of district level training modules to be used in Mbao District;
- In **Tanzania**, during a recent Regional Medical Officers’ meeting (whose theme this year was ‘District Response to HIV/AIDS’) the Minister of Health urged members to make local responses a priority. A Technical Working Group headed by UNICEF is working on a training programme for local response facilitators who will assist the scaling up of the approach in 10 districts within the next 6 months. Each of the 10 districts will then help in training three other districts;
- In **Uganda**, the country has chosen to develop a District Response Initiative (DRI) on a large scale with the support of the expanded Theme Group (especially UNICEF, USAID, World Bank, UNAIDS Secretariat and various partners). HIPC and Poverty Action Fund (PAF) is expected to fund the initiative through a conditional grant whose principle has been agreed upon by the Ministry of Finance;
- In **Zambia**, the District implementation of the strategic plan is to move ahead with funding from development partners. The Strategic Plan proposes to team up catalytic projects with relevant ministries in the implementation of district activities based on national best practices. This catalytic project will be supported by UNAIDS Secretariat and partners through the UN Theme Group;
- In **Zimbabwe**, in collaboration with WHO, UNAIDS Secretariat is supporting the development of a district assessment tool in Inyati District that should be broadened to

incorporate HIV/AIDS, malaria and tuberculosis. It should be linked to planning and implementation processes. Another assessment for local determinants - knowledge, impact, stakeholders and needs - was carried out in Bubi district. One of the findings was that HIV/AIDS programs are more likely to succeed if they were tied to some income-generating activities.

4. Resource Mobilization

4.1 Roundtables

Following the completions of National Strategic Plans/frameworks several countries in Africa have conducted, or are in the process of conducting, Roundtables to mobilize funds for the implementation of their strategic plans. The UNAIDS Secretariat has provided support in the preparation of Roundtables in Malawi, Zambia and Mozambique. Given the success of the Roundtable process in Malawi in securing additional commitments to support the strategic plan, the Secretariat has facilitated the documentation of lessons learned from the Malawi experience. This document will be a useful tool for countries that are in the process of preparing similar events e.g. Tanzania, Ethiopia, Ghana and Nigeria.

In addition the Secretariat has provided support to cost National Strategic Plans. Targeting participants from 9 countries in Africa, the Secretariat organized a workshop in November 2000 to train the participants in the application of cost effective analysis. Through this workshop the Secretariat aimed to build national capacity and to promote South-South collaboration through the future involvement of these participants in countries that lack this expertise.

4.2 Debt Relief, Poverty reduction, and AIDS

Much progress has been made over the past year to mainstream HIV/AIDS into the overall economic development agenda, especially in Africa. AIDS is now widely seen as seriously undermining economic growth and social progress in the developing world, and as a major threat to national security and stability in a number of regions. The stunning fact that in the most affected countries AIDS will lower national gross domestic product by 10 to 20 percent by the end of the decade is causing many world leaders to sit up and take notice.

One area of special focus in "mainstreaming AIDS" has been to incorporate HIV/AIDS in country level Poverty Reduction Strategy Papers (PRSP) and in negotiations to alleviate foreign debt under the Highly Indebted Poor Country (HIPC) initiative. Over the past 12 months, more than a dozen countries** in Africa have highlighted HIV/AIDS in their PRSPs as an important factor in worsening national and household poverty. Many of these countries have inserted the main lines of action from their national AIDS plans in their national poverty reduction strategies, and have set HIV/AIDS targets within their national poverty monitoring indicators.

In addition, a number of these countries have for the first time set aside funds from their own national budgets, as part of the HIPC debt relief process, to finance part of the national AIDS response. Burkina Faso, Cameroon, Malawi, Mali, Mozambique, Tanzania, and Uganda are each allocating \$2-5 million of national resources liberated through debt relief to the fight against AIDS each year. Also as part of the debt relief process these countries are committing themselves to implementing concrete actions in AIDS prevention, care, and support that can be monitored with civil society and international partners over the next 12 to 24 months.

The UNAIDS Secretariat has supported many of these countries to incorporate HIV/AIDS in their PRSPs and debt relief agreements. Country-based UNAIDS advisors have assisted national colleagues from ministries of finance and AIDS secretariats to build the case for AIDS in the PRSP and HIPC. A UNAIDS regional coordinator on poverty, debt, and AIDS based initially in Lusaka and now in Pretoria has been instrumental in helping such countries as Malawi, Mozambique, Uganda, and Zambia. A second regional coordinator has just been appointed in Abidjan to help in West Africa. In addition, the Secretariat has developed and deployed advocacy

and training materials on debt and AIDS and has field-tested practical tools for poverty-AIDS analysis and for shaping the AIDS dimensions of PRSPs and HIPC documents. Collaboration between the Secretariat and selected cosponsors, particularly the World Bank, has been intense in this area.

These advances are encouraging but much more needs to be done next year and beyond to deepen the mainstreaming of AIDS. Additional countries in Africa, Asia, and Latin America that are highly affected by the HIV epidemic will also be drafting PRSPs and negotiating debt relief. Systems for the monitoring of AIDS activities under debt relief programs need to be improved. National AIDS programs are asking for help in better estimating the costs of their plans and in integrating these costs in governments' public expenditure systems. AIDS activities need to be more closely tied into current sector-wide approaches (SWAPs) in education, health, rural development and other sectors.

To succeed in mainstreaming AIDS the UNAIDS Secretariat will be counting on continuing and expanded support from a wide array of international partners with comparative advantage in this area, including cosponsors such as UNDP and the World Bank and bilateral Donors such as DFID, USAID, and others. A strong and active coalition of organizations is essential to maximize the benefits from mainstreaming.

** Benin, Burkina Faso, Cameroon, Guinea, Kenya, Malawi, Mali, Mauritania, Mozambique, Niger, Rwanda, Tanzania, Uganda, Zambia

5. Technical Resource Management

Improving access to skills for scaled up responses: The Secretariat has developed a Directory of Technical and Managerial Resources for HIV/AIDS Programs in Africa (Version 1.0, October 2000). The Directory is aimed to assist managers and analysts in Africa to gain access to skilled persons and institutions as they prepare, implement and evaluate large-scale HIV/AIDS programs. Entries are listed alphabetically by specialization.

Country Program Design and Management: The Secretariat has contributed to the quality of National AIDS Strategies and Programs by brokering technical assistance and, less frequently, by providing direct technical assistance of limited scope. Beneficiaries include Benin, Cameroon, Ethiopia, Gambia, Gabon, Malawi, Nigeria, Rwanda and Zambia.

The Secretariat is stepping up efforts to improve the quality of National Strategic Plans by encouraging the use of evidence, economics and cost-effectiveness among the tools for setting priorities. As part of this effort UNAIDS Secretariat held a regional workshop in Lilongwe, Malawi, from 13-15 November, 2000. Key references for this area of work include the following:

- Costing Guidelines for HIV Prevention Strategies
- Strategic Planning Module 4: Resource Mobilization
- Technical Update: Cost-effectiveness Analysis for HIV/AIDS
- Guidelines for Studies on the Social and Economic Impact of AIDS
- A review of household and community responses to the HIV/AIDS epidemic in the rural areas of sub-Saharan Africa.

The workshop was held for AIDS programme managers, their economics resource people and focal points for AIDS in ministries of finance/planning/ development from 8 Anglophone African Countries and 1 Portuguese speaking country. In total, 21 people participated from Malawi, Uganda, Kenya, Tanzania, Zambia, Ghana, Nigeria, Ethiopia and Mozambique.

6. MTCT

In collaboration with the co-sponsors within the InterAgency Working Group on MTCT (particularly UNICEF) UNAIDS has facilitated ongoing negotiation to operationalize the Boehringer Ingelheim nevirapine (Viramune®). UN bodies currently involved in MTCT prevention (UNAIDS Secretariat, UNICEF, WHO and UNFPA) are holding discussions with Boehringer Ingelheim. The process for countries to access the free nevirapine may be finalized and published by mid December. As far as information sharing is concerned, the Secretariat set-up WebPages and a discussion forum on MTCT, and has organized number of videoconferences (with Côte d'Ivoire, Senegal, Benin, Ghana and Ethiopia). To strengthen collaboration in the field, UNAIDS Secretariat facilitated the setting up of Regional UN task forces on MTCT in Africa.

On the intervention side, the Secretariat facilitated the implementation of pilot projects in 10 African countries, initiated and supported by UNICEF: Botswana, Burkina Faso, Côte d'Ivoire, Kenya, Malawi, Rwanda, Tanzania, Uganda, Zambia and Zimbabwe.

7. Care

7.1 Community Care for PLWHA

Scaling-up services will enable communities or health districts to offer a comprehensive “marketplace” kind of AIDS care services instead of a patchwork of single service, under-funded projects working in isolation of each other. It is not intended to set up new projects along the lines of a “centralized supermarket” but to strengthen the weak elements within the existing services. This should build bridges between them to produce a coordinated system of local service providers –some big, some small, some medical, some psychosocial – each one concentrating on what it does best. Together, these services will offer patients, and their families, what they need at any given stage of illness without having to leave the community.

The community, the service providers and the government health system will all have a part to play in deciding what services are needed, and how they are given. Existing services will be improved and expanded; missing services will be identified and initiated within the national strategic framework. The essential community care package that is referred to here includes: Voluntary Counselling and Testing (VCT), clinical management, nursing and nutritional care, psychosocial support and home care. A key principle in this process of “going to scale” is to start small in selected areas, and use the lessons to expand nationally.

As a first step, the UNAIDS Secretariat has supported and facilitated country assessment missions in Ghana, Tanzania, Malawi, Swaziland, Mozambique and Ethiopia. The purpose of the missions was to explore the existing care facilities and determine where the gaps are. Recommendations from those missions have been sent to some of the involved countries and plans to bridge the gaps have been made. Ghana already has an implementation plan to be started in 16 districts. For the other countries the next steps are to build ownership for the plans by discussing them with stakeholders, to include them in their national strategic plan, and to allocate responsibilities among the actors and to mobilize resources.

7.2 Accelerating Access Initiative

Affordability of HIV/AIDS-related care and treatment is an issue in developing countries. Yet access is only one of the many obstacles to appropriate care, including social/political/structural and economic issues, healthcare systems financing, rational use, distribution system, physical barriers, and information gaps.

Since May 2000, UNAIDS has been working with governments, international organizations and other stakeholders to find ways to broaden access to care and treatment while ensuring rational, affordable, safe and effective use of drugs for HIV/AIDS-related illnesses. One of the main

targets within the partnership is to reduce the prices of HIV/AIDS drugs. Five pharmaceutical companies (Boehringer Ingelheim, Bristol-Myers Squibb, Glaxo Wellcome, Merck & Co., Inc., and F. Hoffmann - La Roche) agreed to join the partnership, called the Accelerating Access Initiative.

Countries and governments are at the forefront of any activity developed or implemented as part of the Initiative. Within the Initiative, the UN advocates for a comprehensive package of care. The UN act as a facilitator for situation analysis. They also help to identify possible options as part of country strategies to increase access to care and support, and for supporting countries in the implementation of their chosen options.

So far, expressions of interest have been sent to UNAIDS by Swaziland, Uganda, Gabon, Senegal, Botswana, Ethiopia, Kenya, Cote d'Ivoire, Rwanda, Burundi, Central African Republic, Chile, Mali, Thailand, and Ukraine. Country operations are ongoing in Senegal, Uganda, Kenya, Swaziland, and Gabon.

Price reduction (1000 to 1800 USD/year for a triple therapy) has been recently obtained in Senegal where the Initiative has been successfully implemented.

8. Greater Involvement of People Living with HIV/AIDS (GIPA)

People Living with or affected by HIV/AIDS (PLWHA), and their organizations, have been identified as key actors because they are part of the civil society, a member of the IPAA coalition of actors. As such, they have been involved in the National Strategic Planning process in a number of countries. They were also part of a consultative process that was aimed at bringing the community sector to the same level of information and ownership about the Partnership.

The involvement of people living with or affected by HIV/AIDS in the response at country level is an important tool for the IPAA. By giving a human face and voice to the epidemic, PLWHA contribute to reducing stigma and discrimination, promoting prevention through Voluntary Counseling and Testing (VCT) and protecting human rights for affected people.

The UNAIDS Secretariat has supported and facilitated the emergence of PLWHA as peer educators, speakers, advocates, and role models. For this purpose, UNAIDS provided technical support to planning meetings of the Network of African People Living with HIV/AIDS (NAP+) in Nairobi, Kenya (January 2000) and Douala, Cameroon (Aug. 2000). In collaboration with African AIDS Service organizations (ASO) and PLWHA organizations, the Secretariat is now developing an action that assigns more specific roles for PLWHA in the IPAA.

9. Human Rights

The promotion and protection of human rights is a crucial element in the response to HIV/AIDS. HIV/AIDS thrives upon and, in turn, worsens, situations that are prone to human rights abuse. There are at least three inter-related ways in which promotion and protection of human rights are important in relation to HIV/AIDS. These relate to impact, response and vulnerability. *Impact*: due to the stigma associated with HIV/AIDS and discrimination, the rights of people living with HIV/AIDS are frequently violated solely because they are known or presumed to have HIV/AIDS. *Vulnerability*: promoting and protecting human rights is a way of addressing the underlying social, cultural and economic conditions that make people vulnerable to HIV infection. *Response*: promoting and protecting human rights provides a more supportive environment for developing a national response to AIDS, including the developing of targeted prevention and care programmes.

It is in the above context that human rights is one of the programmatic areas that has been scaled up within the context of the IPAA. Intensified country support and activities in human rights and HIV/AIDS within this year has been as follows:

In Ghana

- A needs assessment mission was undertaken in June this year in order to hold consultations with national partners on human rights activities that could be undertaken within the national strategic planning process. Discussed were held with various national partners including organisations of People Living with HIV/AIDS, UN Agencies, Government Ministries, and human rights institutions, including Commission on Human Rights and Administrative Justice (CHRAJ) and the African Commission on Health and Human Rights and NGOs;
- Technical assistance has also been provided to Ghana in identifying human rights ramifications of the Situation Analysis, the Response document, the proposal to establish the Ghana Commission on HIV/AIDS, the Policy on HIV/AIDS and the National Strategic Plan. The outcome of this technical assistance has been that (i) the final National Strategic Plan includes a chapter on creating an enabling environment which identifies strategies to address human rights, legal and ethical issues; (ii) The final Draft of the Policy on HIV/AIDS also has a chapter on legal and ethical issues and integrated principles of non-discrimination as well as prohibits mandatory testing; and (iii) the Ministry of Justice has been included in the Ghana Commission on HIV/AIDS;
- Capacity Building workshop for NGOs was held on 20-21 November 2000, in partnership with an indigenous NGO the African Commission on Health and Human Rights Promoters. UNAIDS provided technical and financial. 50 NGOs were trained and it received broad print and visual media coverage in addition to high level political support;
- Technical and financial assistance was provided to the African Commission on Health and Human Rights for the incorporation of a human rights expert in this NGO. Their duty is to support the integration of human rights into the Commission's ongoing work and also to receive and process the complaints of PLWAs through the Court administrative system and the Commission on Human Rights.

In Burkina Faso

- A Needs assessment was undertaken with the African Council AIDS Service Organisation (AFRICASO) in October 2000. Discussions were held with key national partners including Government, UN Agencies, the National AIDS programme Manager and NGOs on the components of the support;
- An indigenous community based NGO was nominated to host a joint UNAIDS AFRICASO project on strengthening national capacity in the area of human rights and HIV/AIDS. The project would also establish a system for PLWAs to make their complaints on violations of their human rights and for the complaints to be addressed.

In Malawi technical support was provided to the Malawi Law Commission to integrate human rights and other HIV/AIDS related components within the ongoing legal reform.

10. Communication

Considerable progress has been made to assure the flow of current information to all five constituencies on the IPAA:

- A *communication strategy* has been developed and is being implemented to enhance information dissemination and collection of feedback amongst the countries, and with other constituencies of the Partnership;
- A regular electronic information *bulletin* on key activities of the African governments, UN agencies, Donors, the private sector and the community sector is now sent out;
- A *website* with several types of background information and activities of countries on the international response has been established within the UNAIDS website;
- All major documents of the activities and decisions on the international response are distributed widely.

A Satellite meeting on the IPAA was organised in the margin of the XIII International AIDS Conference in Durban, bringing together participants from all constituency groups at global, subregional and country level to share their experiences of the IPAA at country level. This meeting included government Ministers from Malawi, Burkina Faso, Uganda and Lesotho. The IPAA was seen as a major contribution to effective action on HIV/AIDS. The IPAA is seen as having strengthened leadership and commitment at various levels in the countries that have adopted this approach, and their participation has also led to greater resource mobilization and the active participation of a wider range of partners at both national and district levels.

11. Collaboration among Partners

The UNAIDS Secretariat and the five constituencies have developed various mechanisms to ensure effective collaboration and joint working, and to avoid duplications.

- **At the international level** focal points of each constituency were identified, which in turn facilitates the exchange of action plans and activity reports among partners. To further strengthen this collaboration meetings were organized with UNAIDS Cosponsors (World Bank, UNICEF) and partners of the IPAA (e.g. the CDC LIFE Initiative team). Meetings have also been held with bilateral delegations from Sweden, Norway, Germany, US and Canada, in order to ensure intensified action with partners at country level.
- **At country level**, the constituencies received support through the Theme Group mechanisms and from the CPA in the development of Partnership actions. These include such actions as the preparation of joint country visits, advocacy and the NGO in country consultations in seven African countries. Partners (WHO, WB, UNICEF, as well as the community sector) are also increasingly involved in joint programme evaluation and planning. A rapid needs assessment has been carried out to improve the needs of Donors at country level and ensure their full participation in the IPAA. Preliminary results have shown that communication within the Donor constituency, and between the HQ and country level needs to be further enhanced.
- To facilitate the monitoring and evaluation of the partners' efforts the UNAIDS Secretariat is in the process of developing the monitoring and evaluation framework, based on the Framework for Action.